

Name  
In  
Full

William J. Armistead

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife - <u>Husband</u>	Mrs May Tieke Armistead				
Father's Name	James M. Armistead					Father's Birthplace Va.
Mother's Maiden Name	Caroline Platt					Mother's Birthplace "
Name of person giving information	Mrs Parker					How related to deceased sister

PHYSICIAN  
OR CORONER

Primary

Endocarditis 79

How long

one year

Immediate

"

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

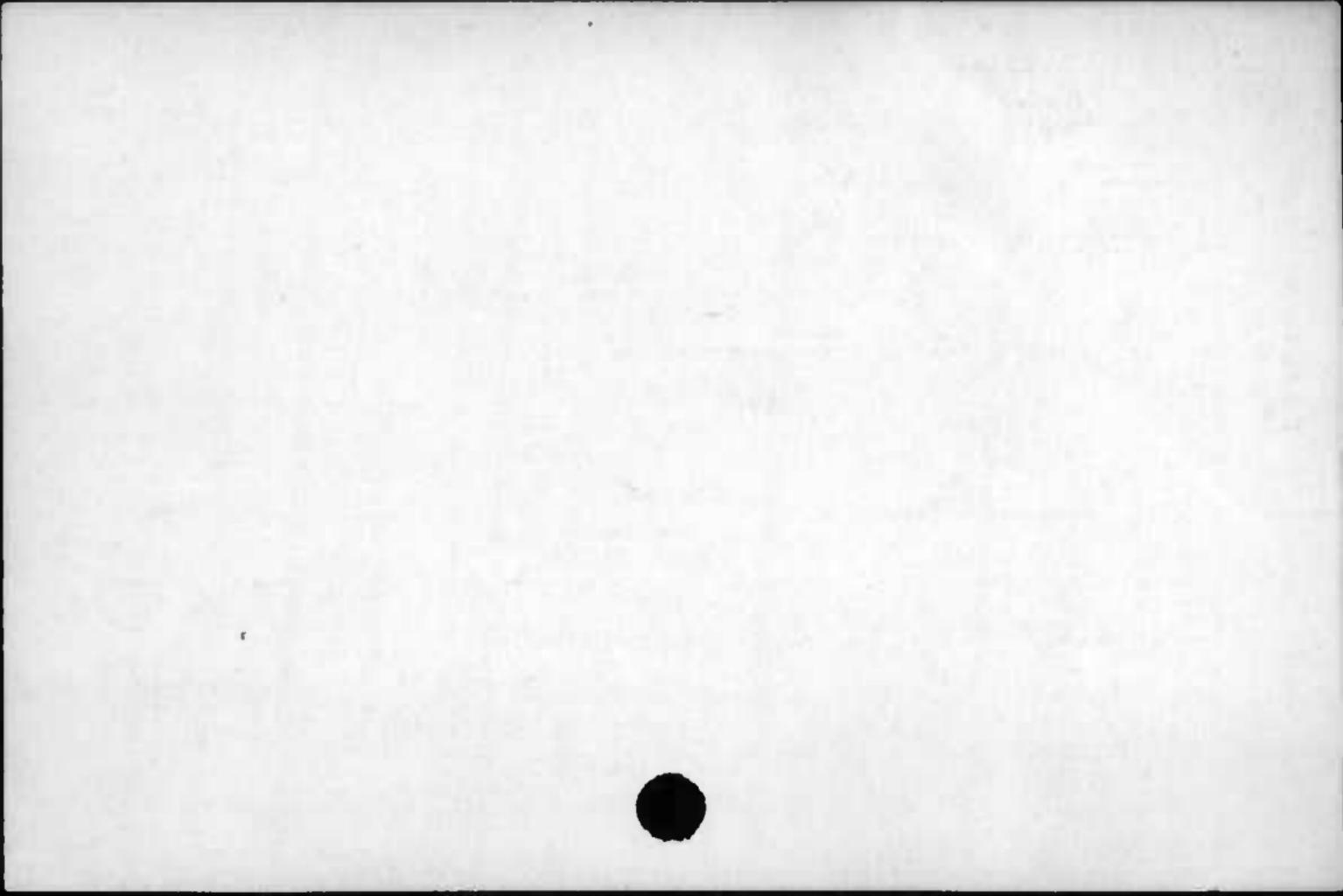
yes

Signature of Physician

Address

Wm Preston Miller  
Hagerstown and

Accident or Suicide?



Name  
in  
Full

Ada M Baker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bisell	Washington				
Date of death	Month	Day	Years	Months	Days
1904	5	1	36	3	16
Sex	Color or Race	Birth-place			
Female	White	Ba			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel H Baker			
Married	Samuel H Sanders				
Father's Name	Wm H Sanders	Father's Birthplace			
Mother's Maiden Name	Julia Lee	Mother's Birthplace			
Name of person giving information	Samuel Shafers	How related to deceased			
Husband					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Renal Calculi	(22)	How long	3 yrs.	
Immediate	Exhaustion	(22)	How long	3 mos.	
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	CR Schuever	
			Address	Hagerstown	
Accident or Suicide?		No,			



Name  
in  
Full

Ann E. Boyd

CERTIFICATE OF DEATH

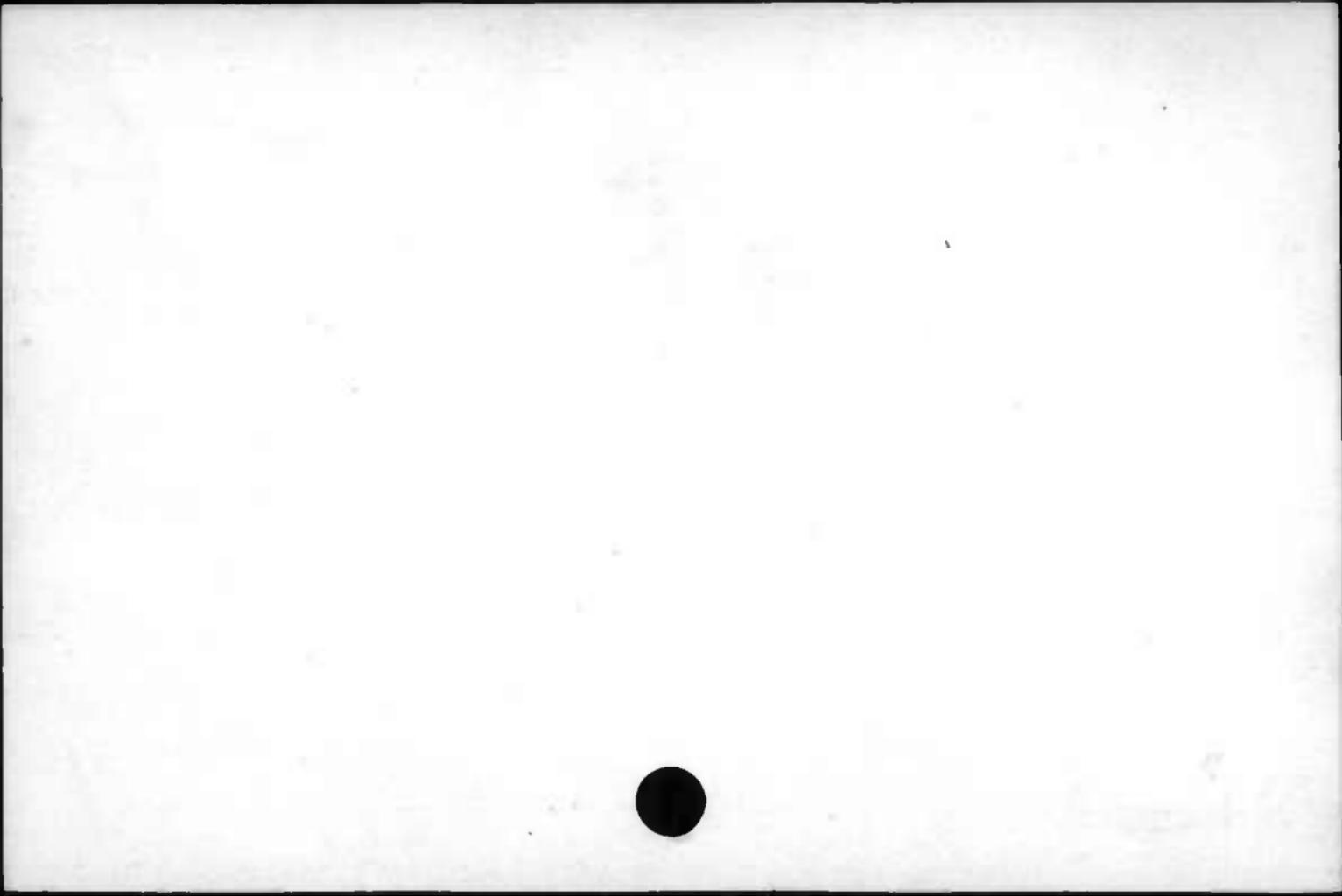
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Clearspring.	washington	Months	Days
Date of death	Month	Day	Years	
1906	MAY	14	1906	
Sex	Color or Race	Age	83	
Female.	white			
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Husband	Clearspring		
Widowed	George Boyd.	Clearspring		
Father's Name	Not			
Daniel Gehr.				
Mother's Maiden Name	Not			
Margaret Frank				
Name of person giving Information	Daughter.			
Miss Daisy Boyd				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility	(154)	How long	Three months
Immediate	Heart failure		How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Abraham Shank
			Address	Clearspring Washington Co.
Accident or Suicide?			LIBRARY BUREAU A28519	



Name  
in  
Full

Ora Bradton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	30	-	-
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Daiice Bradton			
Father's Name	Thomas Calam				
Mother's Maiden Name	Ellie Kerts				
Name of person giving information	Daut Bradton 21				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 mos
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. M. Wagaman
		Address	Hagerstown, Md
Accident or Suicide?		No	

Kochland

Name  
in  
Full

Howard Bretzler

CERTIFICATE OF DEATH

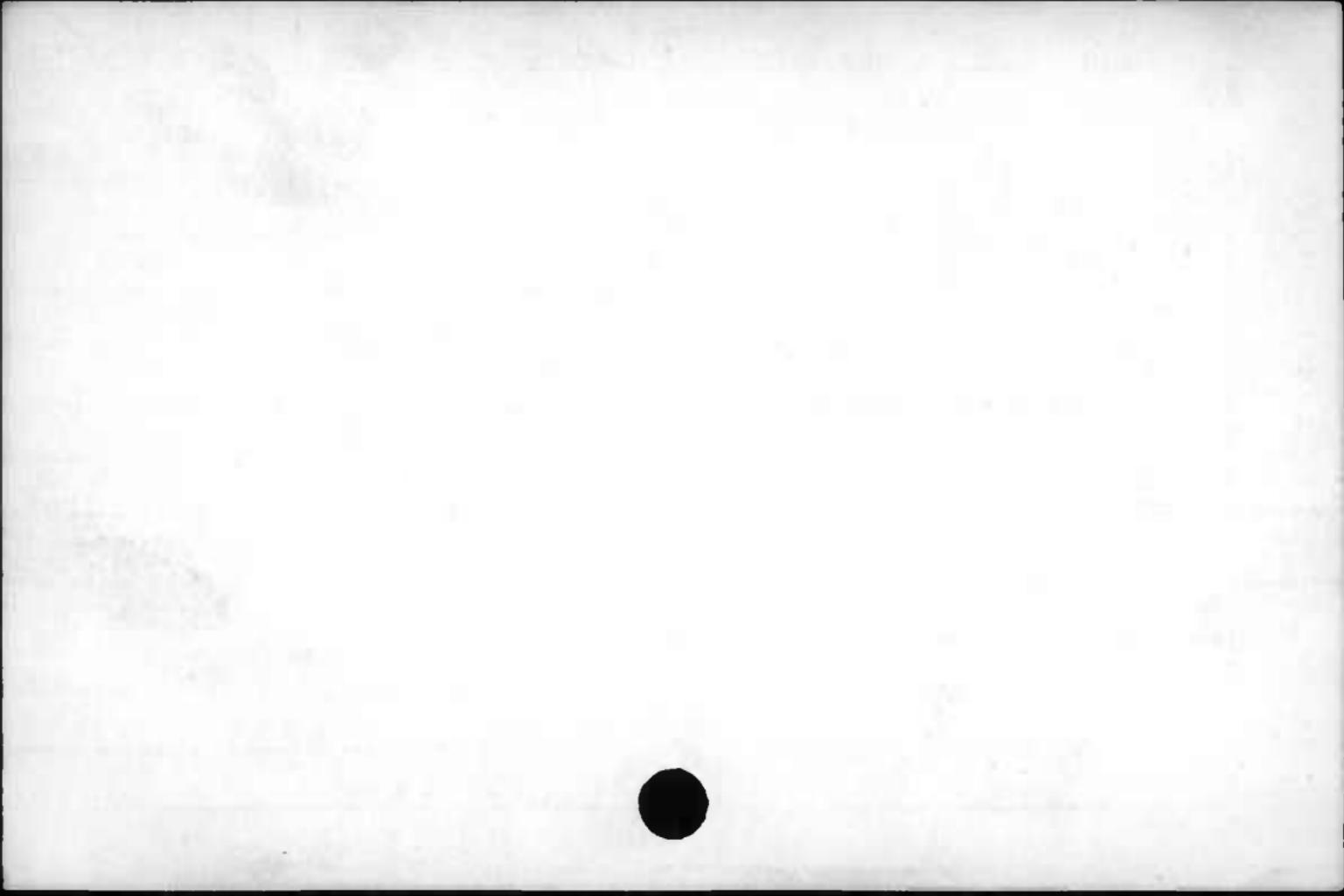
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Male	Color or Race	Birth-place
Occupation	Saborer	Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Bertha Fussy
Father's Name	Chas. S. Bretzler	Father's Birthplace	Germany
Mother's Maiden Name	Jufia C. Shafter	Mother's Birthplace	Md.
Name of person giving information	Geo. S. Bretzler	How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. M. Waganan.
		Address	Hagerstown, Md.
Accident or Suicide?			



Name  
in  
Full

John W. Brillheart No 299

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Benesburg	Washington		Months	Days	
Date of death 1906	Month May	Day 11.	Years 58		
Sex Male	Color or Race white	Birth-place Berkeley Co., W. Va.			
Occupation Farmer	Where Residing if not at place of death				
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband Sarah Jane Potts	Father's Birthplace			
Father's Name John W. Brillheart	Mother's Maiden Name Leaser Crone	Mother's Birthplace			
Name of person giving Information Hennetta Brillheart	How related to deceased Daughter-in-law				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

(99)

How long

About six yrs

How long

Immediate

Hemorrhages of lungs

two days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. D. J. Lester

Address

Williamsport Md

Accident or Suicide?

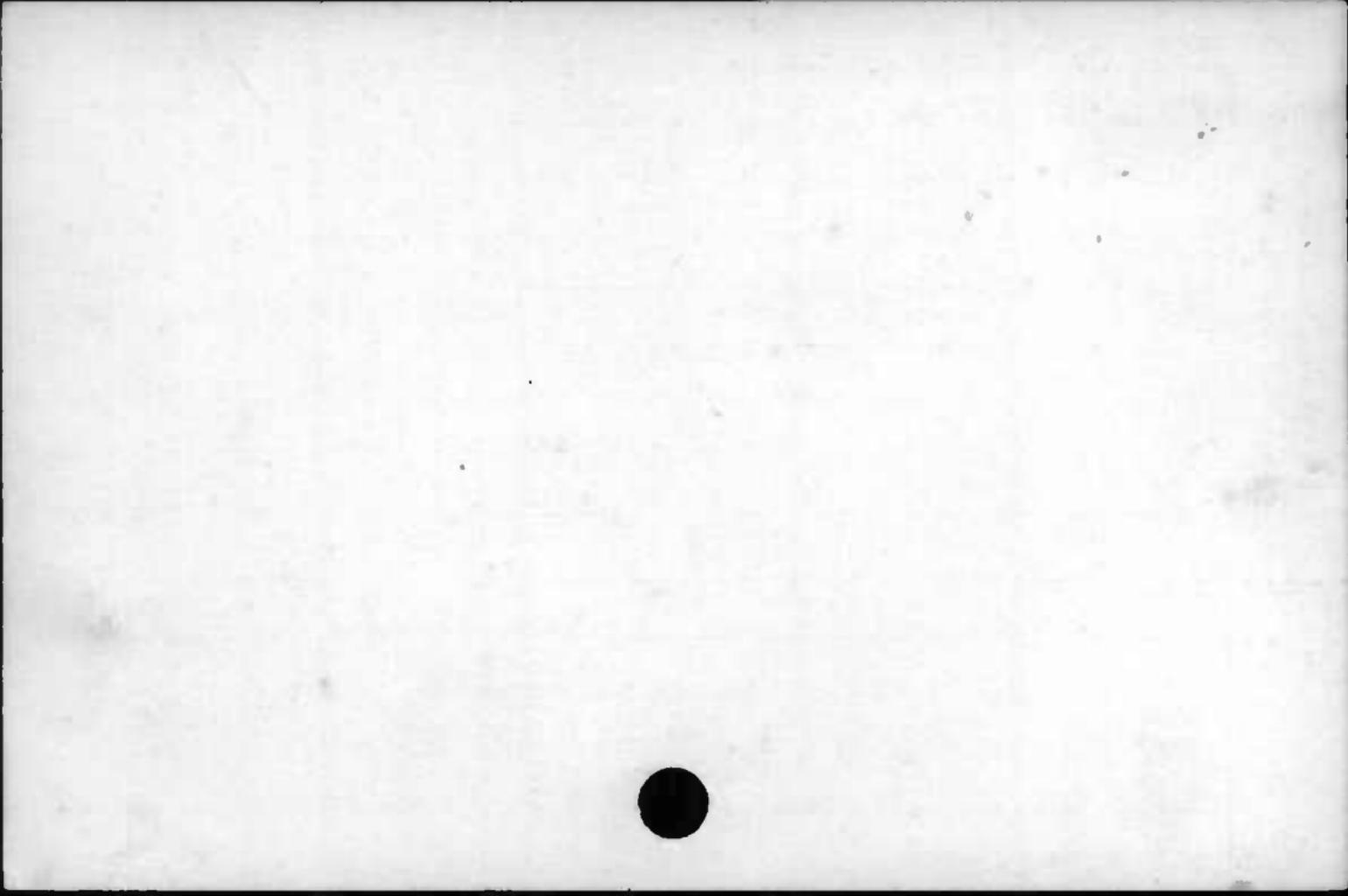


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH						
Amy Irene Coyle			County Washington MARYLAND			
Died at	Pittsburgh	Town	Years	Months	Days	
Date of death	1906	Month May	Day 31	Age 1	9	
Sex	Female	Color or Race	white	Birth-place	Pittsburgh	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Horatio P. Coyle					Father's Birthplace Smithburg
Mother's Maiden Name	Naomi L. Breckbill					Mother's Birthplace Franklin Co. Pa.
Name of person giving information	Horatio P. Coyle					How related to deceased Father
CAUSES OF DEATH						
Primary	Lobar Pneumonia entire right side - 9 days					How long
Immediate	Heart failure					How long 3 hours
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
			Address			
Accident or Suicide?						

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ella May Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hancock</u>		County <u>Was</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>20</u>	Age	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hancock</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Walter C Davis</u>	Father's Birthplace <u>Williamsport</u>				
Mother's Maiden Name <u>Oliver S Bomberger</u>	Mother's Birthplace " "				
Name of person giving Information <u>W<sup>as</sup> J Bomberger</u>	How related to deceased Grandmother				

CAUSES OF DEATH

(81)

PHYSICIAN  
OR CORONER

Primary

Carotid Aneurism

How long

21 days

Immediate

Carotid Aneurism

How long

21 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. D. Sabley  
Hancock,  
Md.

Accident or Suicide?



Name  
in  
Full

Martin L. Dayhoff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Pensville	Washington			
Date of death	Month	Day	Years	Months	Days
1906	5-	5	55-	5	19
Sex	Male	Color or Race	White	Birth-place near Cavetown	
Occupation	Labour	Where Residing if not at place of death	Pensville		
Married, Single or Widowed	Name of Wife or Husband		Mrs Martin L. Dayhoff		
Father's Name	Henry Dayhoff		Father's Birthplace	near Cavetown	
Mother's Maiden Name	Mary R. Tolson		Mother's Birthplace	near Cavetown	
Name of person giving information	Mr Martin L Dayhoff		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(11)	How long
Immediate	Dropsy & Heart Failure	Six months
Are the name, age, sex, color date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Geo. B. Howard Undertaker Smithsburg Md	



Name  
in  
Full

John Liver's Downey.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
1906	May	2	Days
Sex	Color or Race	Birth-place	
Male.	White	Downsville	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Downsville
Father's Name	Simon Downey.	Mother's Birthplace	Telhampton.
Mother's Maiden Name	Florence Snovely.	How related to deceased	Father.
Name of person giving information	Simon Downey.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

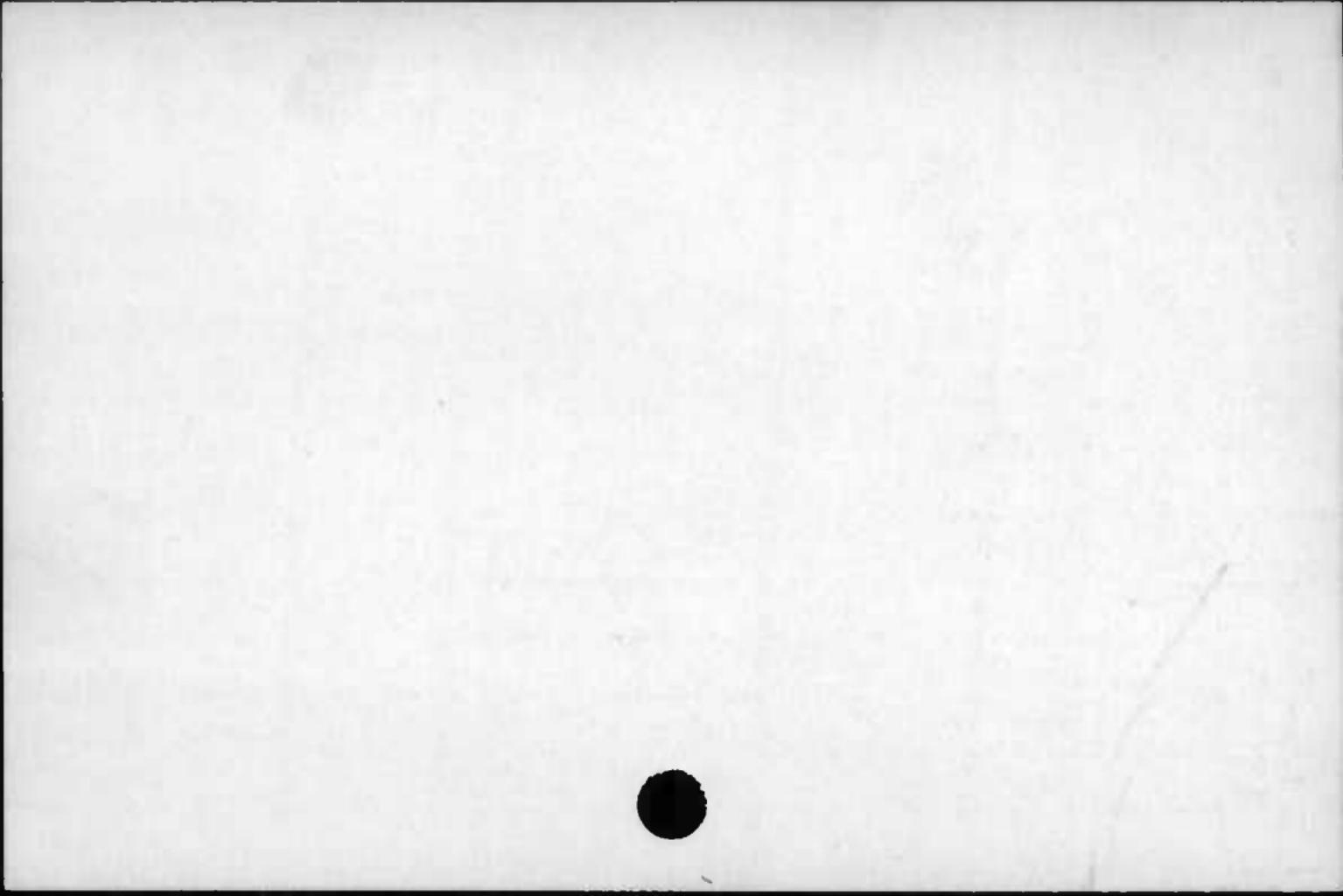
yes

Signature of Physician

Address

J. M. Reichard  
Fairplay.

Accident or Suicide?



Name  
in  
Full

Mrs Mary E Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	John Fisher			
Father's Name	Joseph Martin				
Mother's Maiden Name	Sarah Livers				
Name of person giving Information	John S Martin				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Val. disease of heart

(No)

How long

Two weeks

Immediate

Val. disease of heart

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

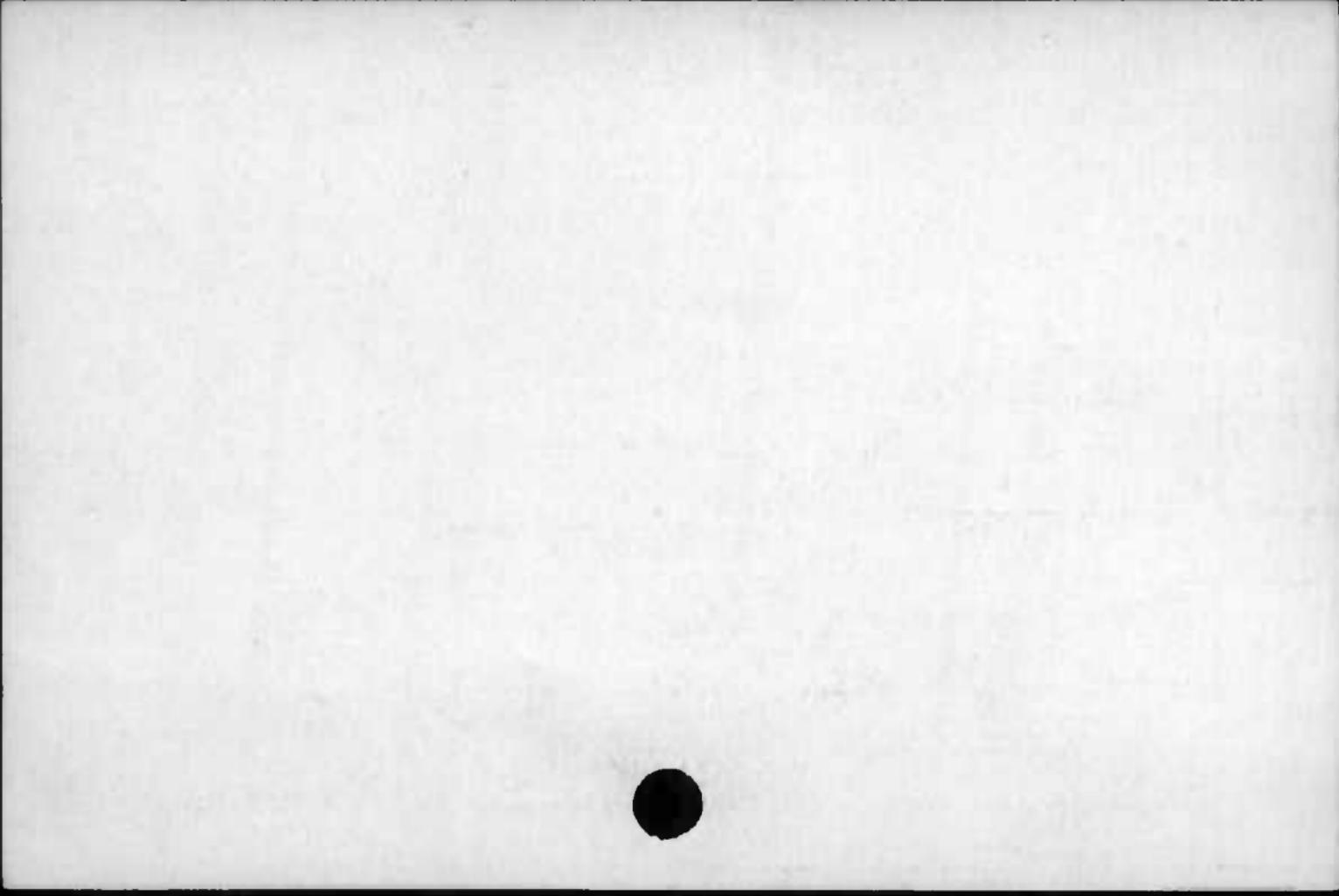
Address

(Signature)

Dr. R. B. Borland

Hagerstown  
Md

Accident or Suicide?



Name  
in  
Full

Geo Franklin Stry

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u>		Town	County <u>Washington</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>5</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Half Days <u>0 hours</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John F. Stry</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Estella Daugherty</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>John F. Stry</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Non-Pneumonia Exhaustion (15) How long  
Immediate How long

Are the name, age, sex, color, date  
and place correctly given above? yes

Signature of  
Physician

Address

Col. Stague  
Hagerstown, Md.

Accident or Suicide?



Name  
in  
Full

Florance Catharine Garrish No 302  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Wmst. -  
1906 May 11 -  
Female White  
Occupation -  
Single  
J. Benjamin Garrish  
Bertha E. Rice  
J. Benj. Garrish

Wilmington  
Deleware  
Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	(6)	How long
Immediate	Exhaustion	(6)	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. M. Hart
		Address	Wilmington
Accident or Suicide?			

yes



Name  
in  
Full

Mary Green

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1904 5 8 33- - -

Female white Md

House work

Single

Dent Knov

Dent Knov

Maria Lewis

dent know

dent know

wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

(179)

How long

Immediate

Found dead

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W.B. Morrison  
Hyderstown  
Md

Accident or Suicide?

bath

Name  
in  
Full

William D. Groves

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month May	Day 26	Years	Months	Days
Sex	Male	Color or Race	Age			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	William Groves			Father's Birthplace	Md	
Mother's Maiden Name	Alice Freshour			Mother's Birthplace	Md	
Name of person giving information	William Groves					

CAUSES OF DEATH

Primary

Enteric Colitis - Denutrition

How long

2 weeks -

Immediate

Exhaustion & Toxemia

How long

1 "

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

F. Edward Mueller Jr.  
Hagerstown Md

Accident or Suicide?

No

Saint Paul

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Effie Vanetta Hood

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	5	23	25	5	3		
Sex	Feminine	Color or Race	White	Birth-place	Millstone		
Occupation	Where Residing if not at place of death					Slyfing creek Woa	
Married, Single or Widowed	Name of Wife or Husband		Harry Russell Hood				
Father's Name	Olho Shives		Father's Birthplace		Millstone		
Mother's Maiden Name	Dorothy Ann Thompson		Mother's Birthplace		"		
Name of person giving information	Edmund Dick		How related to deceased		Sister		

CAUSES OF DEATH

Primary

Hypertension

(21)

How long

Immediate

1 year

How long

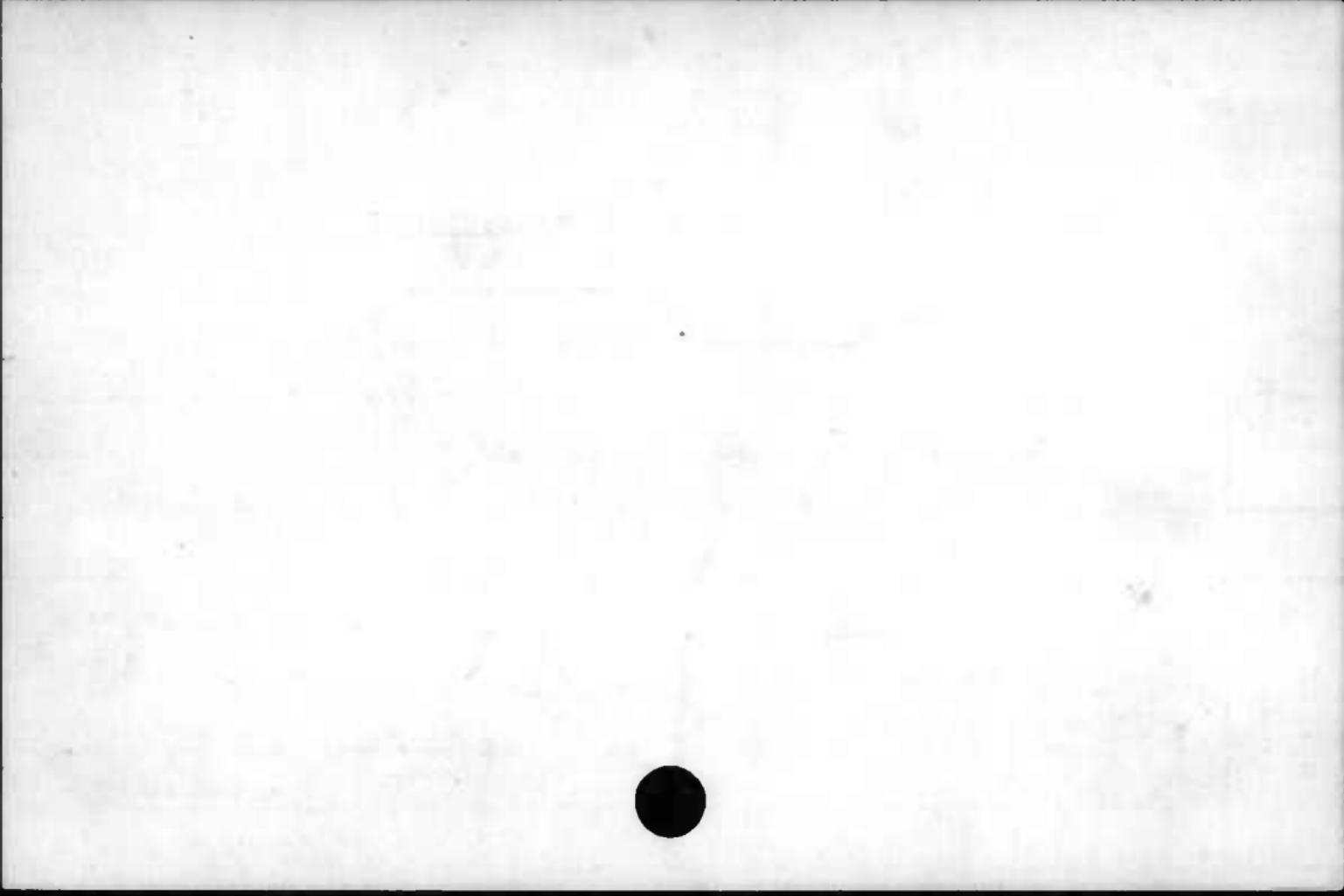
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. Edwards Druggs,  
Slyfing creek,  
Md.

Accident or Suicide?



Name  
in  
Full

Mrs Coral Harp

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Baltimore	Wash			
Date of death	Month	Day	Years	Months	Days
1906	5	31	34	6	
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	N. W.	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of <del>Wife</del> Husband	David Harp	Father's Birthplace	Md.
Father's Name	Charles E Beck.			Mother's Birthplace	"
Mother's Maiden Name	Jessie Fleming			How related to deceased	uncle
Name of person giving Information	Howard Beck				

CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary

Chronic Bronchial Catarrh

How long

three years

Immediate

Exhaustion

How long

several months

Are the name, age, sex, color, date and place correctly given above?

Yes.

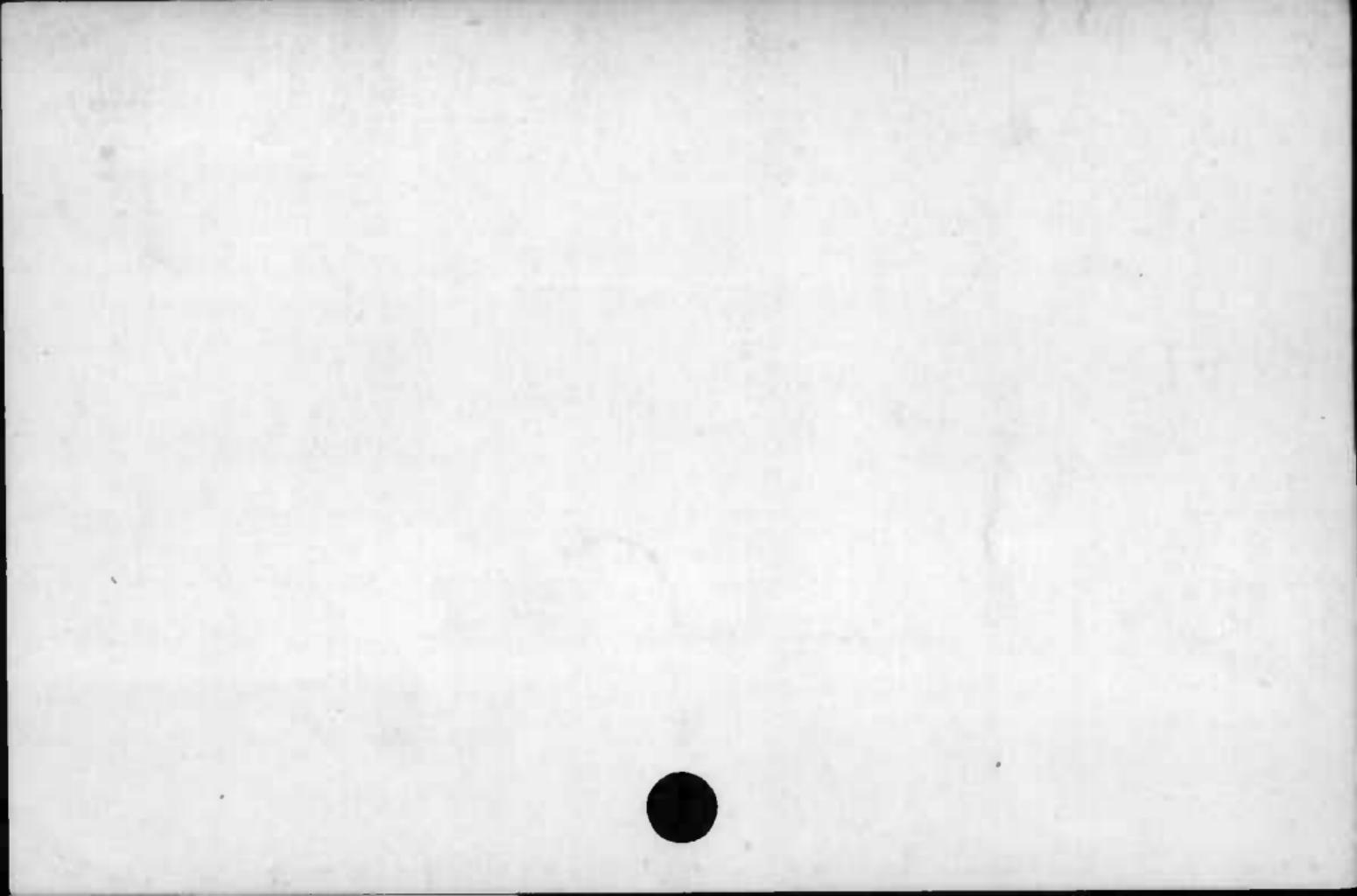
Signature of Physician

Address

Office of Dr. Sager  
Baltimore Md.

Accident or Suicide?

No



Name  
in  
Full

Prudence Hebb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Washington	MARYLAND
Date of death	Month	Day	Years Months Days
1906	May	28	29 8 28
Sex	Color or Race	White	Birth-place
Female			Sharpsburg
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single		
Father's Name	Name of Wife or Husband		
Edward Hebb			
Mother's Maiden Name	Mary E. Harris		
Name of person giving information	Edward Hebb		
Father's Birthplace	Sharpsburg		
Mother's Birthplace	"		
How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epilepsy and a nervous <sup>for years</sup> attack		How long
			for years
Immediate	Typhoid Fever		How long
			about 4 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>S. Howell Gardner</i>
		Address	Sharpsburg Md.
Accident or Suicide?			

Chas. S. Ward  
undertaker

Name  
in  
Full

Georgia  
Cecilia A Hoffmaster

CERTIFICATE OF DEATH

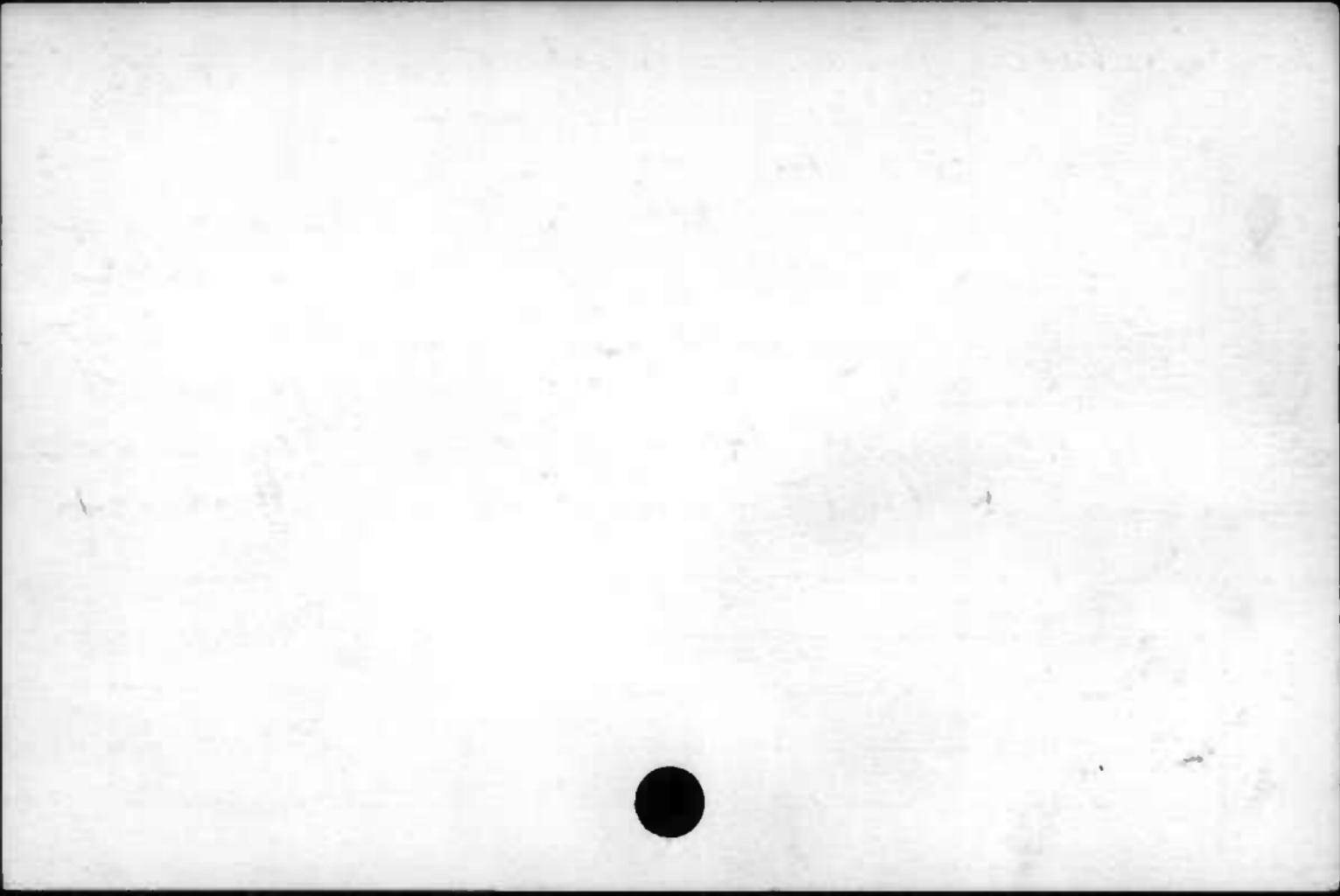
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	State
1906	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birth-place	Days
Married, Single or Widowed	Name of Wife or Husband	Keadysville	
Father's Name	asphalt Moltz	Father's Birthplace	Bernards
Mother's Maiden Name	Rhagony Haffner	Mother's Birthplace	Bernards
Name of person giving information	Hoffmaster	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Exophthalmic Goiter	(5)	How long	14 yrs
Immediate	Tachycardia		How long	4
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. M. Shilser
			Address	Kearneysville W. Va.
Accident or Suicide?				



Name  
in  
Full

Melanchthon D. Hover

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	abelia S. Brown			
Father's Name	John Hover				
Mother's Maiden Name	Isabella Llilen				
Name of person giving information	abelia S. Hover				
wife					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cerebral Apsoplexy

How long

How long

Immediate

Hairorrhage

6 hours

2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Jacobson  
Salisbury  
Maryland

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>carvetown</u> <small>Town</small>			County <u>washington</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>5</u>	Day <u>9</u>	Years <u>73</u>	Age <u>73</u>	Months <u>0</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>carvetown</u>				
Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>"</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>					
Father's Name <u>Jacob Huyett</u>	Father's Birthplace <u>chewville</u>					
Mother's Maiden Name <u>Elizabeth Ingram</u>	Mother's Birthplace <u>Beaverwick</u>					
Name of person giving Information <u>Mary E. Shank</u>	How related to deceased <u>Niece</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

(66)

How long

Two weeks

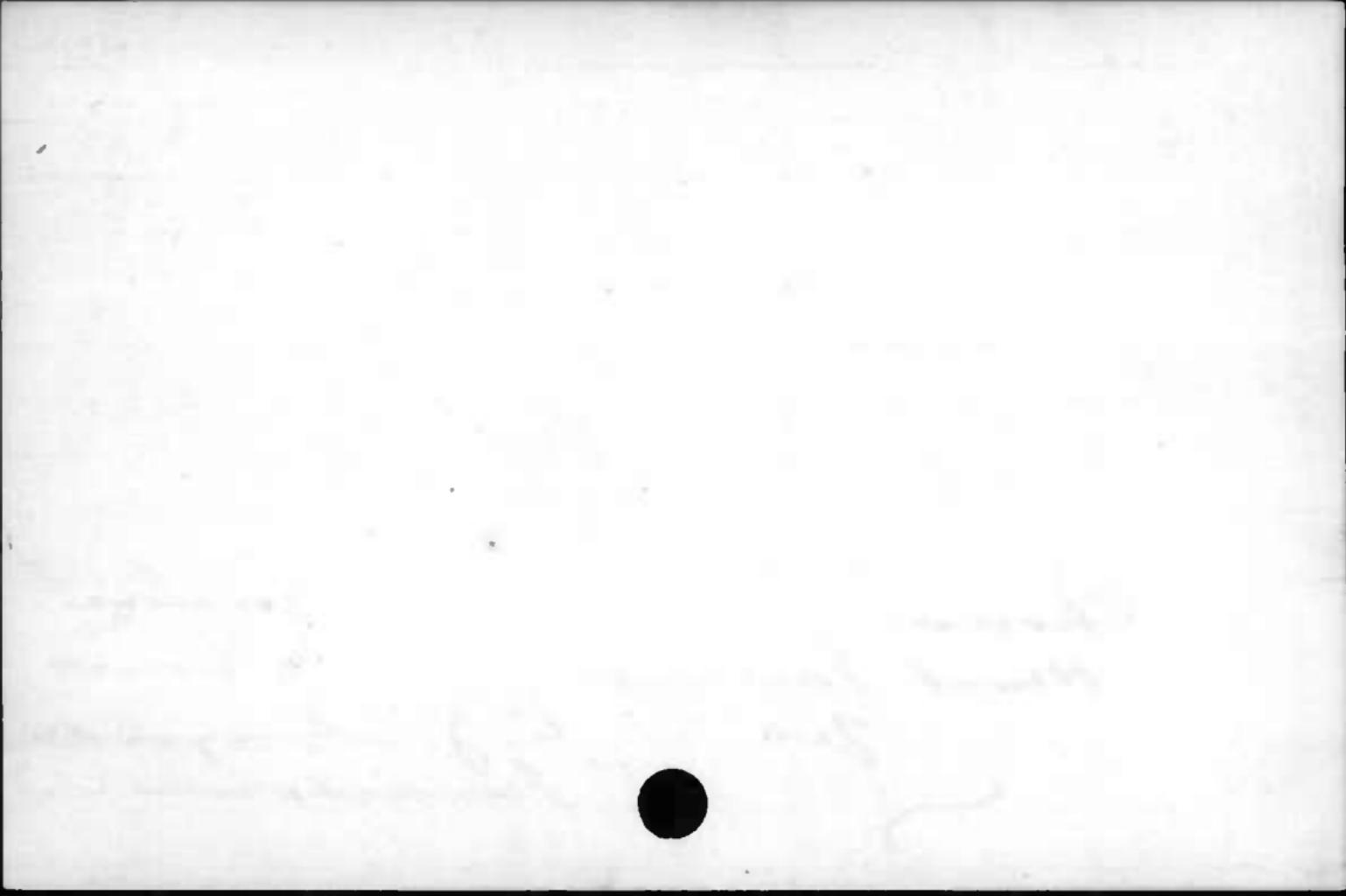
Immediate

Heart failureSustainedAre the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianDr. and Refauver

Address

Southbury andyes

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

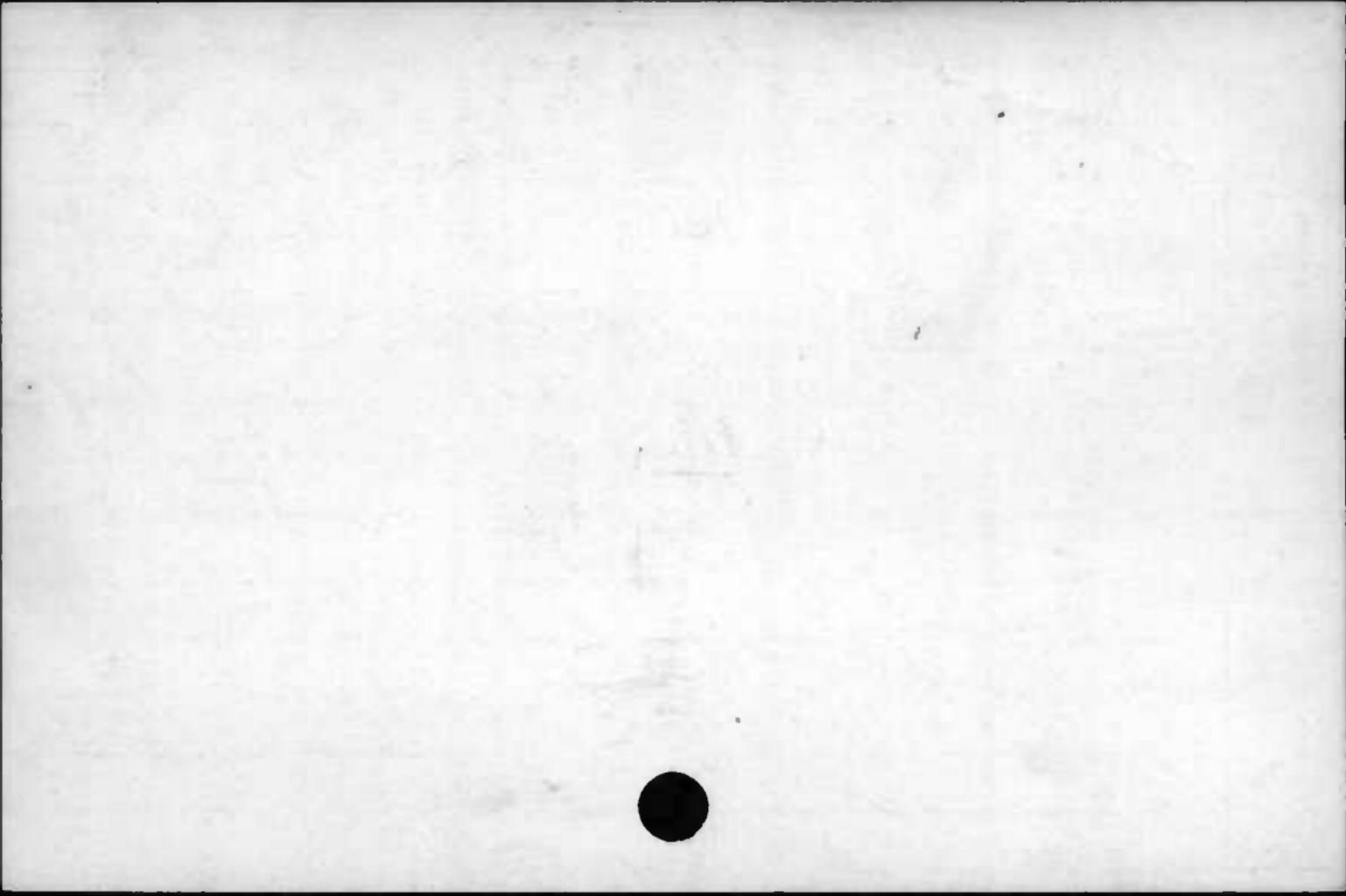
Jannie May Styrge

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1906	Month May	Day 26	Years 23	Months 3	Days	
Sex	Female	Color or Race	White				
Occupation	House wife		Where Residing if not at place of death		Funkstown		
Married, Single <input checked="" type="checkbox"/> Widowed	Married		Name of Wife or Husband				
Father's Name	Edlandel Grose		Father's Birthplace		Frederick Co		
Mother's Maiden Name	Margell Reeder.		Mother's Birthplace		Bohemia		
Name of person giving information	Alice Styrge		How related to deceased		Husband		

CAUSES OF DEATH

Primary	Chorea	How long	3 hours
Immediate	Heart Failure	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. J. Wingard
		Address	Funkstown, Md
Accident or Suicide?			



Name  
in  
Full

Margarett Catharine Eeonty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	5	2	26	4	29
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Charles	County	
Father's Name	Ewd	Bowers		Father's Birthplace	Md
Mother's Maiden Name	Ellen	Coudenslager		Mother's Birthplace	Md
Name of person giving information	Charles Eeonty		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Mental Exhaustion	(S)	How long	Two days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J.E. Pittswole
			Address	Hagerstown Md
Accident or Suicide?				



Name  
in  
Full

Charles Lampas.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Bellview	Washington		
Date of death	Month	Day	Years Months Days
1906	May	17	Age 76
Sex	Male	Color or Race	Birth-place
Occupation	Bricklayer	Where Residing if not at place of death	Germany
Married, Single or Widowed	Single	Name of Wife or Husband	-
Father's Name	-	Father's Birthplace	-
Mother's Maiden Name	-	Mother's Birthplace	-
Name of person giving information	W.H. Hager	How related to deceased	Hour

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ptosis Pulmonalis	(21)	How long	1 yr
Immediate	Inanition	(21)	How long	10 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

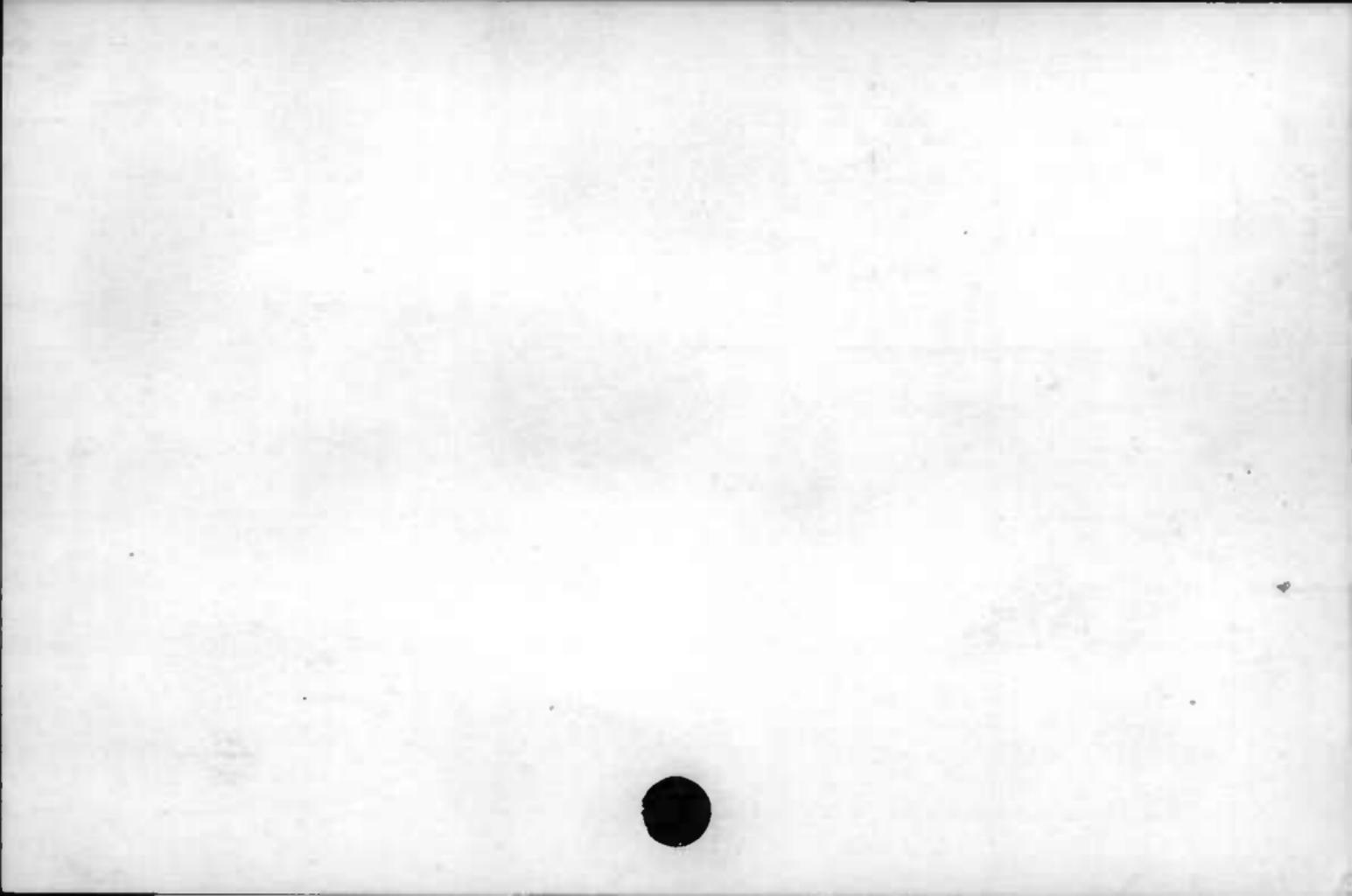
McMormon

Address

Hagerstown  
Md.

Accident or Suicide?

No



Sarah H Landis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Abraham Landis			Father's Birthplace	Lancaster Co
Mother's Maiden Name	Elizabeth Hess			Mother's Birthplace	Lancaster
Name of person giving information	Abraham Landis			How related to deceased	Husband

## CAUSES OF DEATH

Primary Heart Disease (No) How long

Immediate Heart Failure Suddenly

Are the name, age, sex, color, date and place correctly given above?

yes

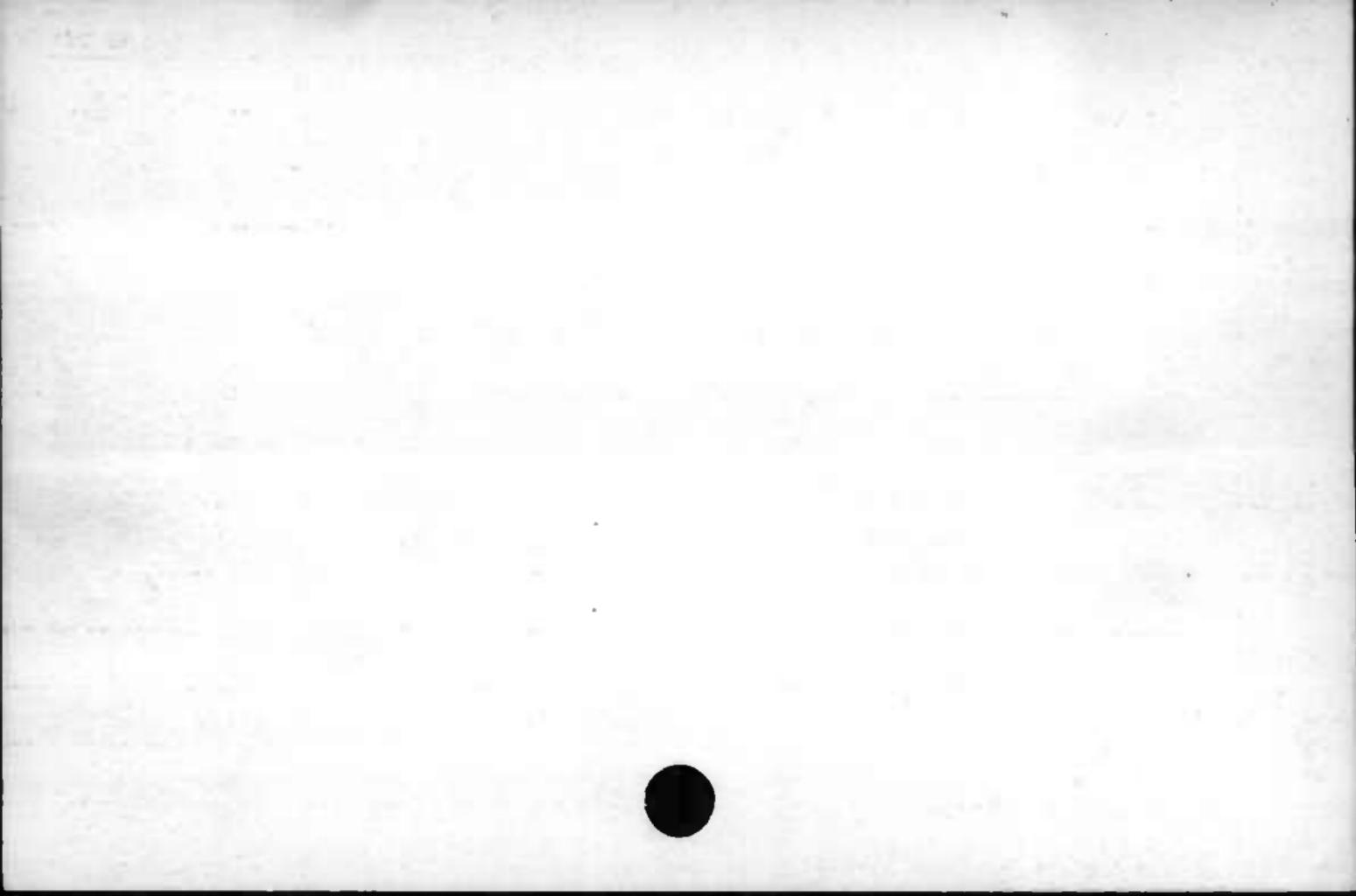
Signature of Physician

Address

Jeff Wishard  
Leitersburg Md.

A R Brewbaker made

Accident or Suicide?



Name  
in  
Full

Norman Bruce Lee

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	5	10	28 7 26
Sex	Male	Color or Race	White
Occupation	Furnisher		
Married, Single or Widowed	Where Residing if not at place of death		
Father's Name	Lucy May Dryer		
Mother's Maiden Name	M. A. Mod		
Name of person giving information	Pa. wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary R R accident legs crushed  
How long

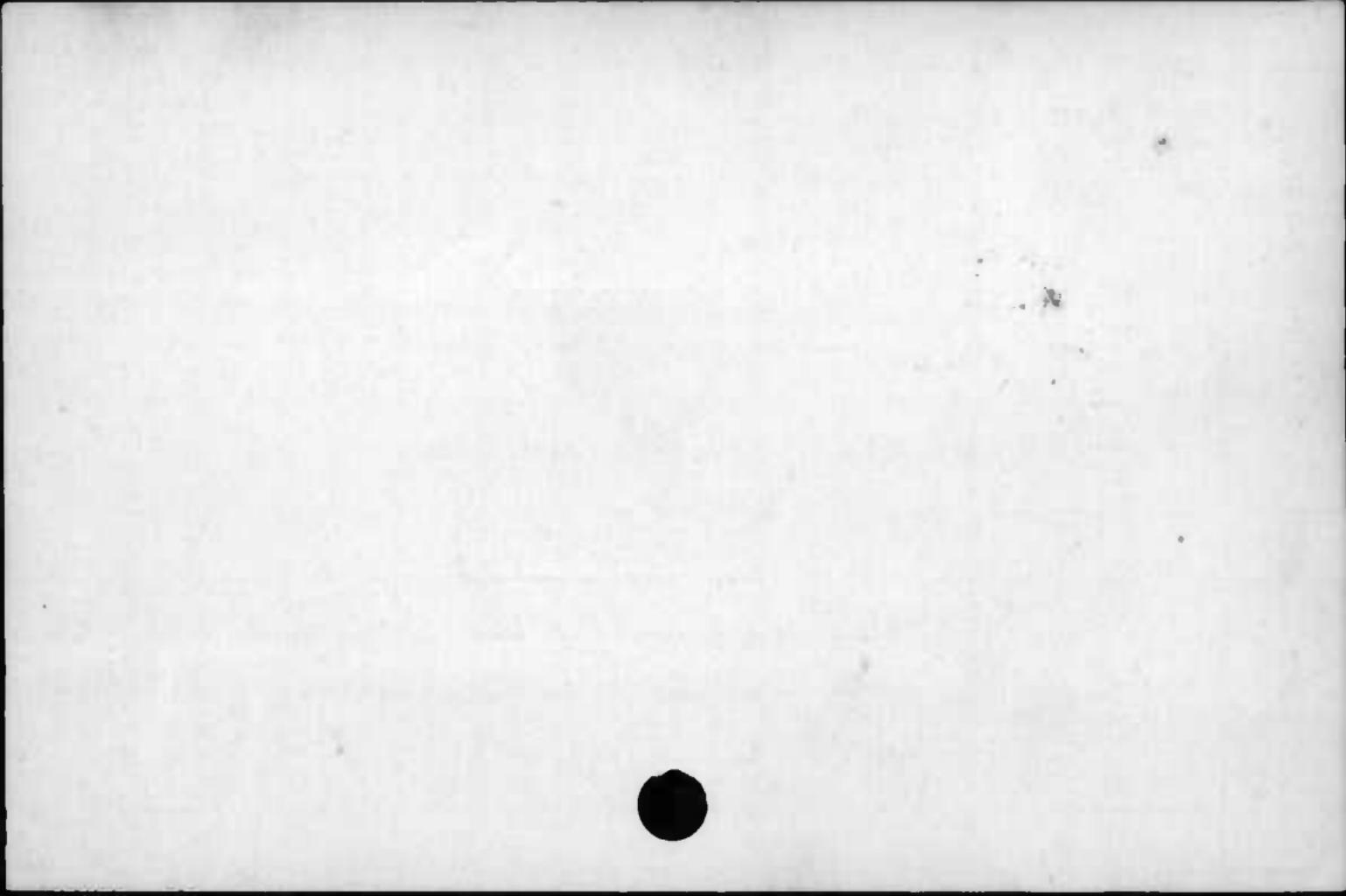
Immediate Shock (66) How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
In  
Full

Martha Lucille Leech

CERTIFICATE OF DEATH

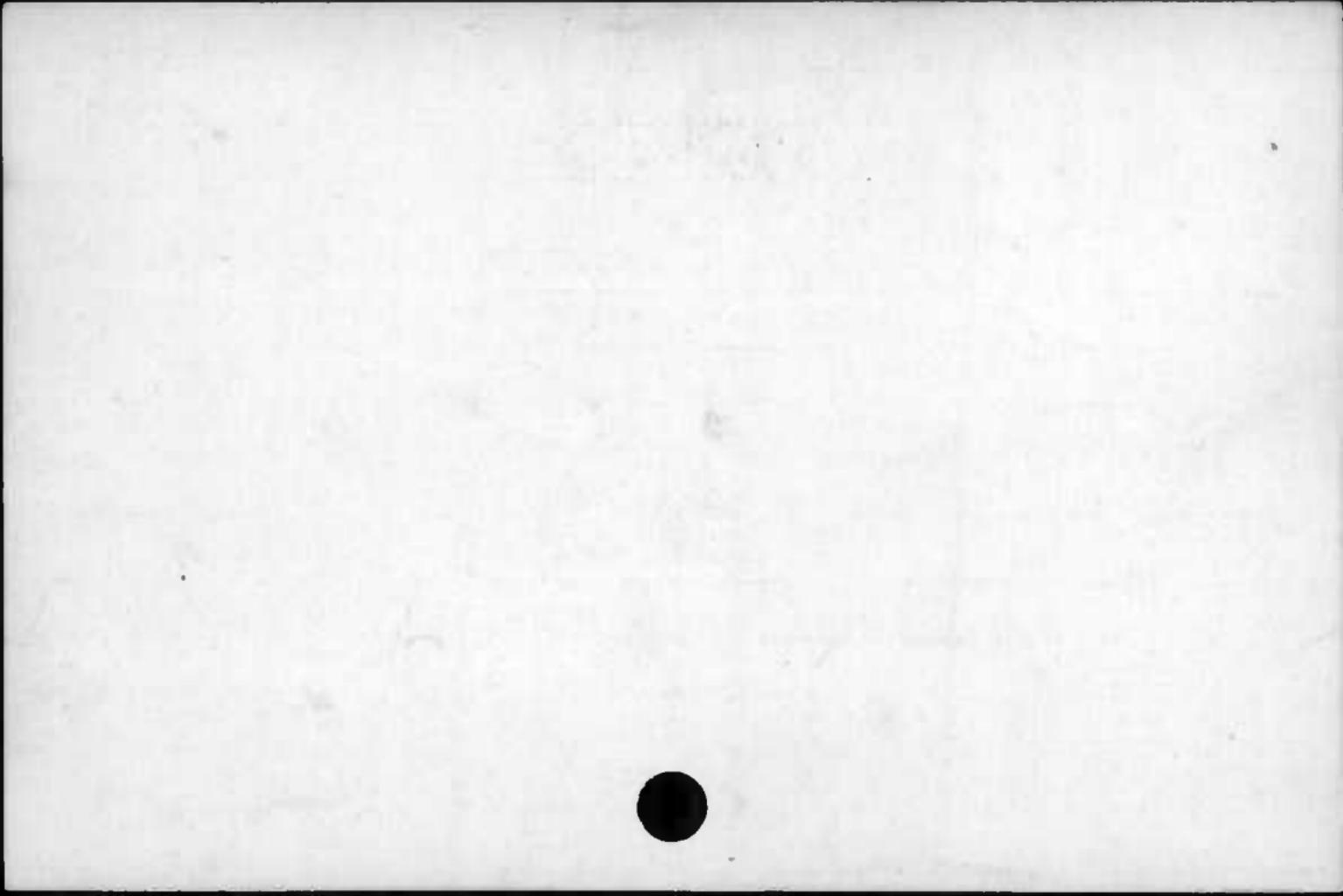
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birth-place	Mid
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Na
Father's Name	James W Leach			Mother's Birthplace	Na
Mother's Maiden Name	Mary Stockman			How related to deceased	Mother
Name of person giving Information	Mary Leach (29)				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	Tuberculosis meningitis		How long	3 weeks.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	C R Schell
			Address	
Accident or Suicide?		No,		



Name  
in  
Full

Infant Lauren

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Leitersburg

Town

County

MARYLAND

Date of death 1906 Month May Day 4 Years — Months — Days 3

Sex

Female

Color or Race

White

Birth-place

Leitersburg

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

X

Name of Wife or  
Husband

X

Father's  
Name

John J. Bowman

Father's  
Birthplace

Leitersburg

Mother's  
Maiden Name

Annie Kline

Mother's  
Birthplace

Leitersburg

Name of person giving  
Information

John J. Bowman

How related  
to deceased

father

CAUSES OF DEATH

Primary

Intranition, Abnormal Circulation

How long

How long

Immediate

(5)

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. P. W. Wilson,  
Leitersburg,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

W<sup>m</sup> Brewer McNamee

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

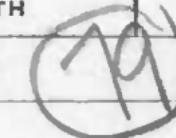
Died at	Town	County	MARYLAND	
Date of death 1906	Month 5	Day 21	Years 89	Months 5
Sex Male	Color or Race White	Birth- place Pa	Days 10	
Occupation Carpenter	Where Residing if not at place of death			
Married, Single or Widowed Widower	Name of Wife or Husband Polly Wise			
Father's Name dont know	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information Robert McNamee	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Endocarditis



How long

20 years

How long

2 mo's

Immediate

"

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

w. Ruiller  
Hagerstown Md

Accident or Suicide?

Harrisburg - Pa.

Name  
in  
Full

Mary McKernan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	73	7	26
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Edward	Name of Wife or Husband	Thomas McKernan		
Father's Name	John Livingston				
Mother's Maiden Name	Sarah Harding				
Name of person giving Information	Elizabeth Anna				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Stroke of Heart (79)

How long

Immediate

How long

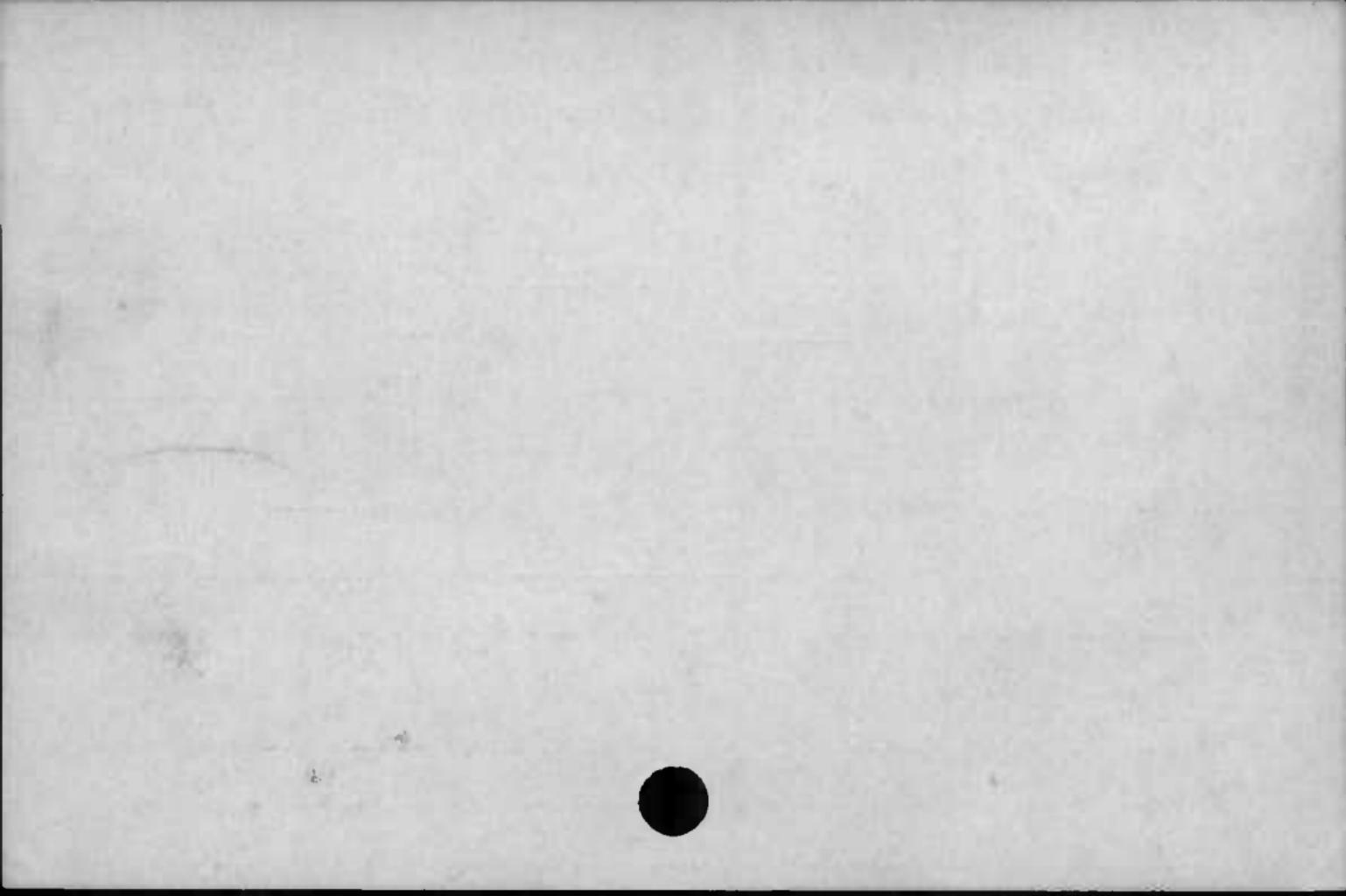
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

H. S. Hedges MD  
Brunswick MD

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Beds Spring	Wash				
Date of death	Month	Day	Years	Months	Days
May 1906	May	29	63	8	11
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Housewife		Where Residing if not at place of death	Big Spring	
Married, Single or Widowed		Name of Wife or Husband	John B Martin	Father's Birthplace	Md
Father's Name	Jacob Miller			Mother's Birthplace	Pa
Mother's Maiden Name	Schubert			How related to deceased	Husband
Name of person giving Information	John Martin				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	(64)	How long
Immediate	Asthma		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles J Mason, M.D.
		Address	Clearspring Md.
Accident or Suicide?			

64 = 18 set next

Name  
in  
Full

Thomas Otho Metcalf 5/21/XX  
Town County CERTIFICATE OF DEATH  
Spickler Washington MARYLAND

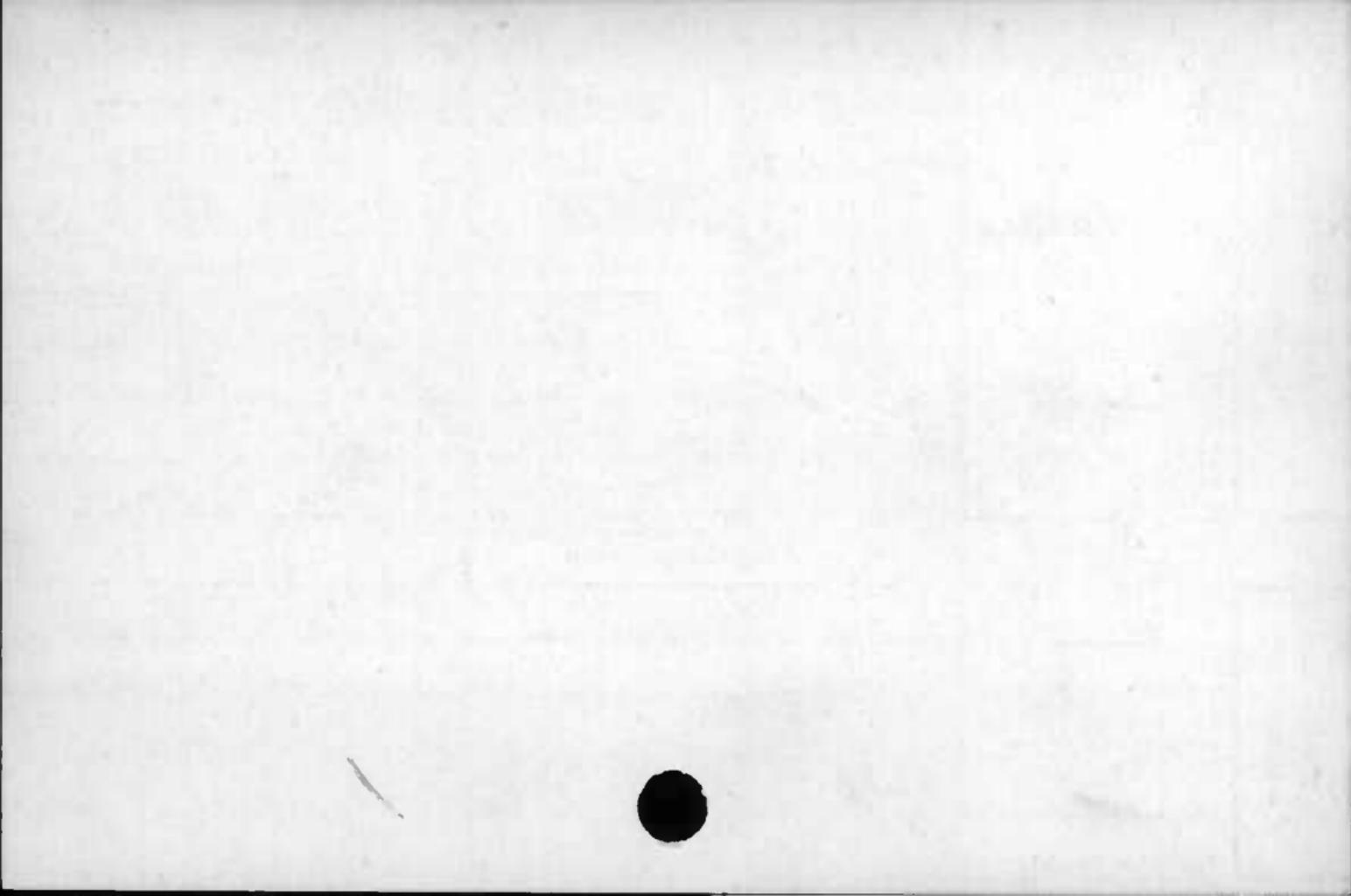
TO BE ANSWERED BY  
NEAREST FRIEND

Date of death 1906	Month May	Day 13 <sup>th</sup>	Years 69	Months 10	Days 24
Sex Male	Color or Race White	Birth-place			
Occupation Carpenter	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Louisia M. Metcalf	Father's Birthplace			
Father's Name Benjamin W. Metcalf	Mother's Birthplace				
Mother's Maiden Name Lucretia Farllton	Name of person giving information S. B. Metcalf				
How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Weak Lungs - cough		How long	Dont-Know
Immediate	Dont-Know		How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank Brothers
Is a physician in attendance			Address	Undertakers Clear Spring Md
Accident or Suicide?				



Name  
in  
Full

Samuel Henry Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at near Sharpsburg	Washington					
Date of death 1906	Month May	Day 22	Years 71.	Age 71.	Months 4.	Days 22.
Sex Male	Color or Race White	Birth-place Sharpsburg				
Occupation Retired Farmer	Where Residing if not at place of death					
Married, Single or Widowed Widowed	Name of Wife or Husband					
Father's Name Jacob Miller	(91)	Father's Birthplace Pa				
Mother's Maiden Name Catharine Rentsch	Mother's Birthplace Md					
Name of person giving information Sylvilla Miller	How related to deceased Sister.					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis & Malignant Tumor of the neck	How long	For several years
Immediate	Exhaustion	How long	—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

O. Howell Garrison  
Sharpesburg Md

Accident or Suicide?

Eugene Marker,  
Undertaker,

Name  
in  
Full

Valna Alice Myers.

CERTIFICATE OF DEATH

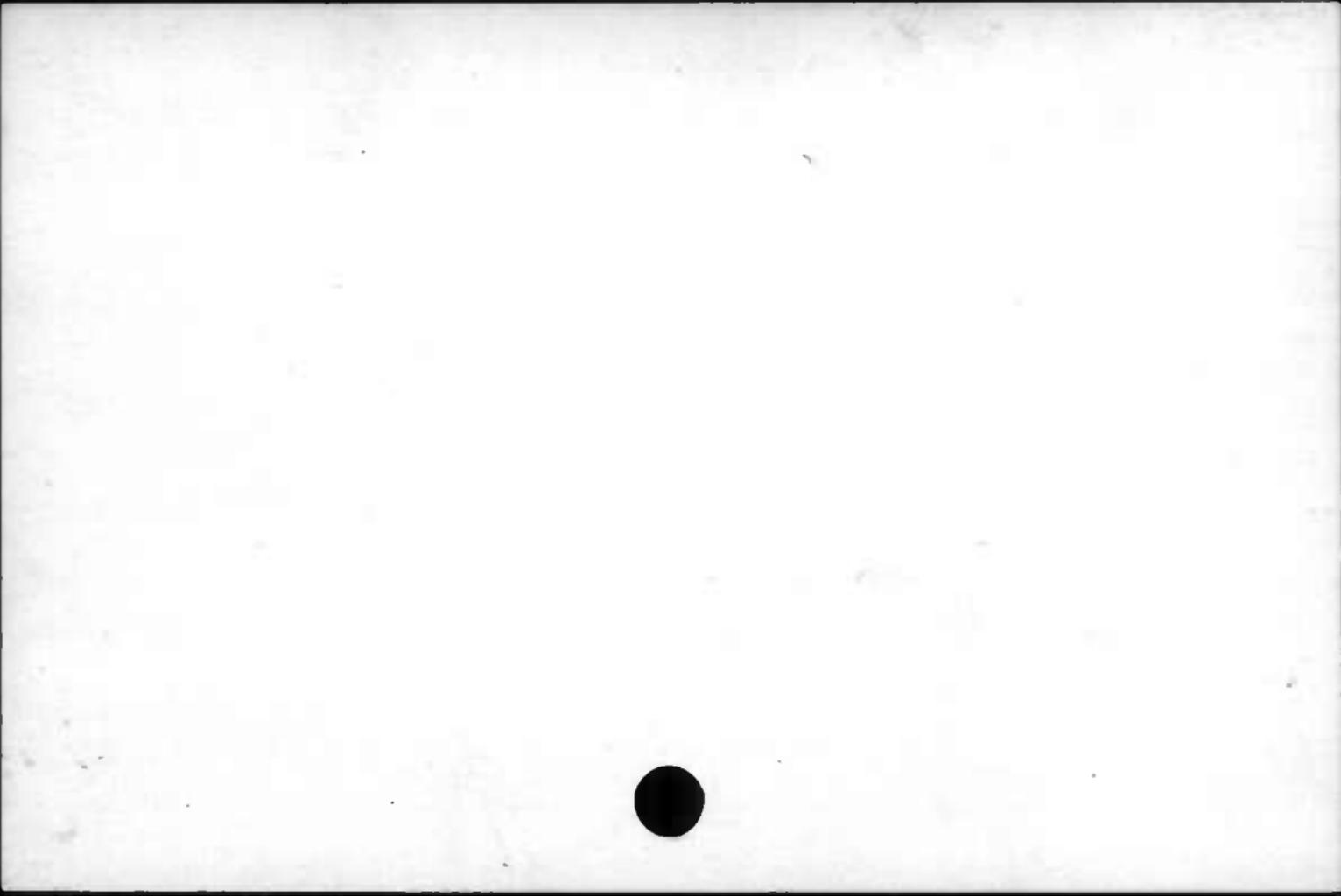
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	55			
Occupation	Where Residing if not at place of death					
Married Single or Widowed	Name of Wife or Husband	Clearspring				
Father's Name	Emanuel Myers					Father's Birthplace
Mother's Maiden Name	Tamsan Myers.					Mother's Birthplace
Name of person giving information	Sallie Miller.					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	(90)	How long	One month	
Immediate	Heart failure		How long	Twenty four hours	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Abraham Shank	
			Address	Clearspring Washington Co.	
Accident or Suicide?			LIBRARY BUREAU A88816		



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		· Town	County		MARYLAND		
Date of death	1906	Month 5	Day 23	Years 64	Months —	Days —	
Sex	Male	Color or Race	White	Birth- place	Md		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	John Nowell		Father's Birthplace	Md			
Mother's Maiden Name	Rebecca Thomas		Mother's Birthplace	Md			
Name of person giving Information	Gilbert Nowell		How related to deceased	Brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Anoxia of Liver

(112)

How long

6 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr. Morrison

Address

Hagerstown Md

Accident or Suicide?

no

liverman  
William

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Joseph Palmer  
Town Washington  
County Washington

MARYLAND

Died at	Town	Month	Day	Years	Months	Days
Date of death	1906	5-	29	Age	74	4

Sex	Male	Color or Race	White	Birth-place
-----	------	---------------	-------	-------------

Occupation	Farmer	Where Residing if not at place of death	—
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Married, Single or Widowed	Hildress	Name of Wife or Husband	Sarah Jones
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Father's Name	Joseph Palmer	Father's Birthplace	—
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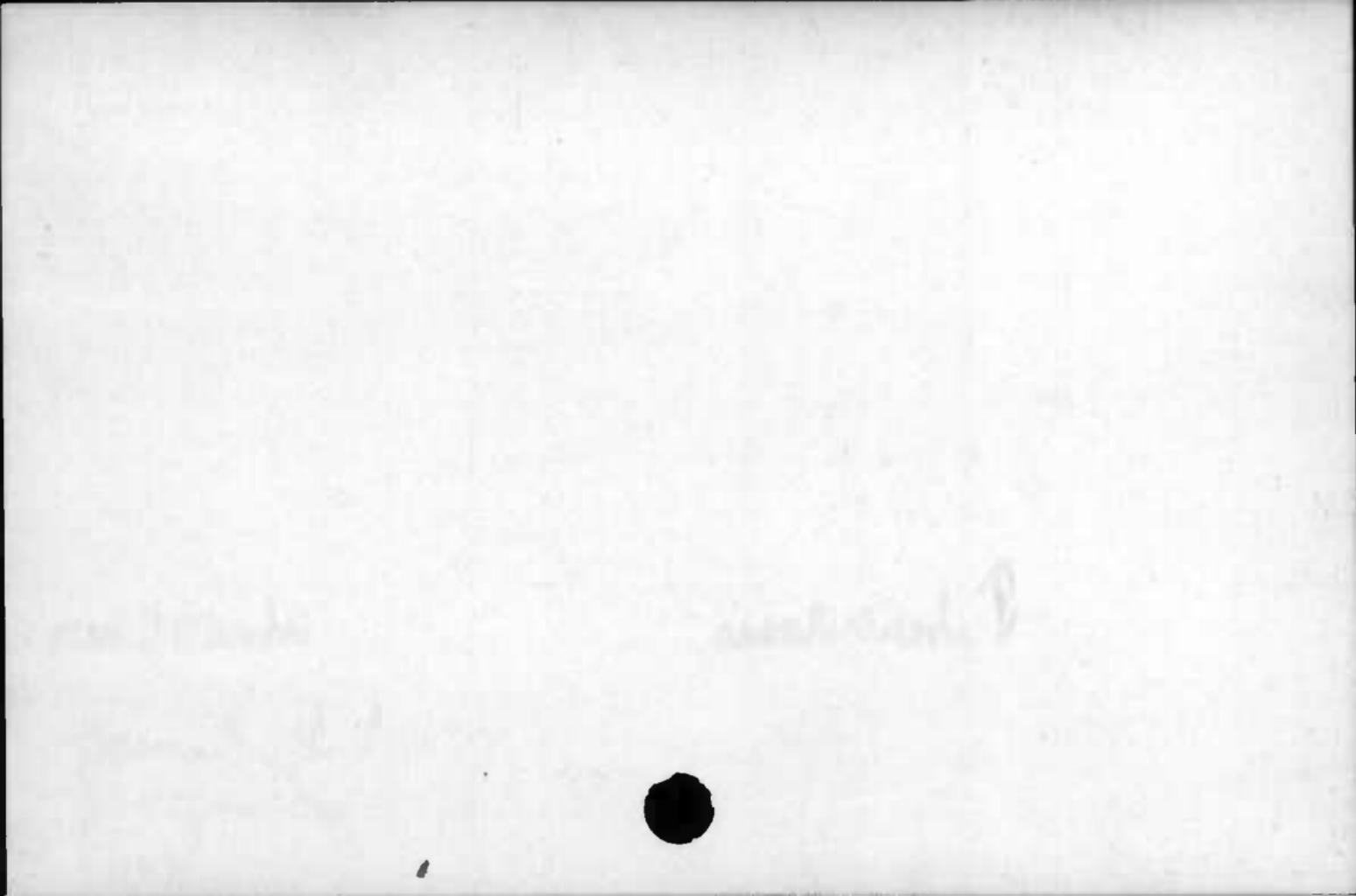
Mother's Maiden Name	Sarah Snodale	Mother's Birthplace	—
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Name of person giving information	David Palmer	How related to deceased	Son
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## CAUSES OF DEATH

Primary	Chronic Nephritis	How long	3 years
Immediate	Sudden Heart Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	V. M. Reichard
		Address	Fairplay

Accident or Suicide?



Name  
in  
Full

Mary Sophie Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Sharpesburg	Town	Washington	County	MARYLAND	
Date of death	1906	Month May	Day 20	Years 82	Months 6	Days 13
Sex	Female	Color or Race	White	Birth-place	Barkersville Md	
Occupation				Where Residing if not et place of death		
Married, Single or Widowed				Name of Wife or Husband	Sam'l L. Piper Deed	
Father's Name	Elias Baker			Father's Birthplace	near Barkersville	
Mother's Maiden Name	Ann Tuck			Mother's Birthplace	Mercersville Md	
Name of person giving Information	Chas. Piper			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulerculosis	(21)	How long	About 16 mos.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Address	E. W. Garrett Sharpesburg, Md.
Accident or Suicide?				

Chas. S. Wade.  
Undertaker

Name  
in  
Full

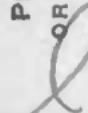
Mary Ann Porter

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	5	19	Age	77	
Female	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death				
X. W.	<del>Charles W. Porter</del>				
Married, Single or Widowed	Name of Husband	Charles W. Porter			
Widow					
Father's Name	Stiffler				
Mother's Maiden Name	Mary				
Name of person giving information	Mrs Annie Maisack				
CAUSES OF DEATH					
Primary	Chronic nephritis Endocarditis				How long
Immediate	Exhaustion				5 & 6 years
How long					
Are the name, age, sex, color, date and place correctly given above?	72	Signature of Physician	Victor Stiffler Jr.		
		Address	Hagerstown Md.		
Accident or Suicide?	no -				

PHYSICIAN  
OR CORONER



Sharpsburg

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1906	Month	Day	Years	Months	Days	
	5	16	Age 29	5	27	
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Silk Weaver			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ara N. Tompkins	Father's Name	Daymond	
Father's Name	Daymond	Play		Father's Birthplace	Md	
Mother's Maiden Name	Sarah	Hicks		Mother's Birthplace	Md	
Name of person giving Information	Sarah	Play		How related to deceased	Mattress	

## CAUSES OF DEATH

Primary	Tuberculosis	(2)	How long	4 yrs
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S.H. Umstot, MD	
		Address	Hagers Town Md	
Accident or Suicide?				

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Henry Ridenour					CERTIFICATE OF DEATH		
Died at	Town			County	Washington		MARYLAND
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	white				
Occupation	Laborer		Where Residing if not at place of death				
Married, Single			Name of Wife or Husband				
Father's Name	Jacob Ridenour		Father's Birthplace Maryland				
Mother's Maiden Name	Susan Ifert		Mother's Birthplace "				
Name of person giving information	Lizzie Ridenour		How related to deceased Brother				
CAUSES OF DEATH							
Primary	Chronic Nephritis.		(120)	How long		2 months	
Immediate	anæmic Coma Hartnup		Galan	How long		18 hours	
Are the name, age, sex, color, date and place correctly given above?				Yes	Signature of Physician	Spud Quinn M.D.	
					Address	Cheversville	
Accident or Suicide?					Washng. Md.		



Name  
in  
Full

Henry Rohrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	5	24	Age 82	4	28
Sex	male	Color or Race	white	Birth-place	Lancaster Co., Pa.
Occupation	Retired Farmer				
Married, Single or Widowed	widower	Name of Wife - Husband	Mrs Rebecca Rohrer		
Father's Name	Henry Rohrer				
Mother's Maiden Name	Elizabeth Kendig				
Name of person giving information	S.C. Rohrer.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senility

(154)

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

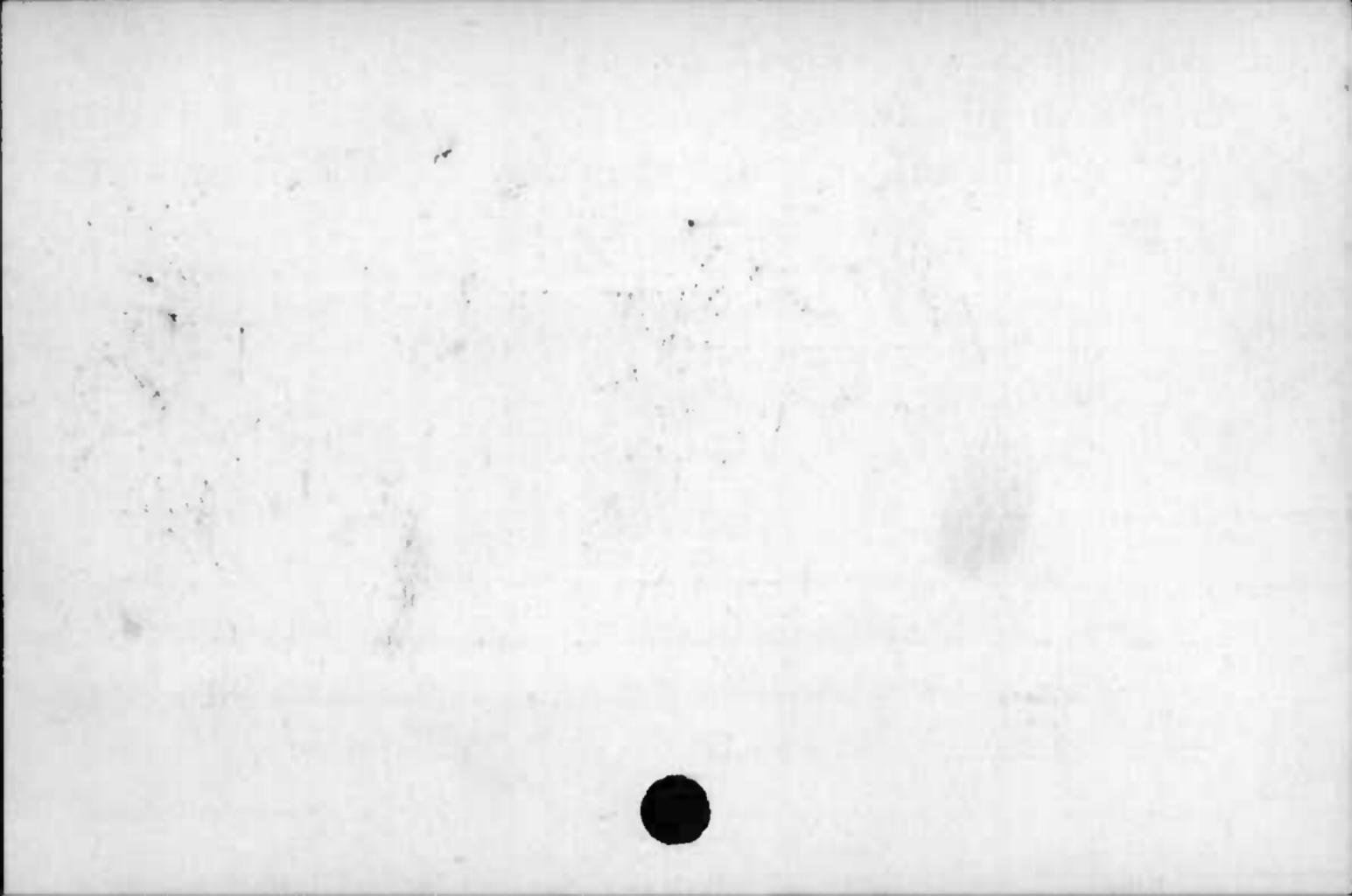
yes

Signature of Physician

Address

W.B. Morrison  
Hagerstown  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Edith Saylor						CERTIFICATE OF DEATH		
Died at	Town	County	Decatur		Diana		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days		
Sex	Color or Race	white	Birth-place					
Occupation	H. W.	Where Residing if not at place of death						
Married, Single or Widowed	married	Name of Husband	Chas F. Saylor					
Father's Name	William Schleigh			Father's Birthplace	Md.			
Mother's Maiden Name	Junie Bourard			Mother's Birthplace	Md.			
Name of person giving Information	Frank Schleigh			How related to deceased	Brother			

CAUSES OF DEATH

Primary

Heart Failure

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

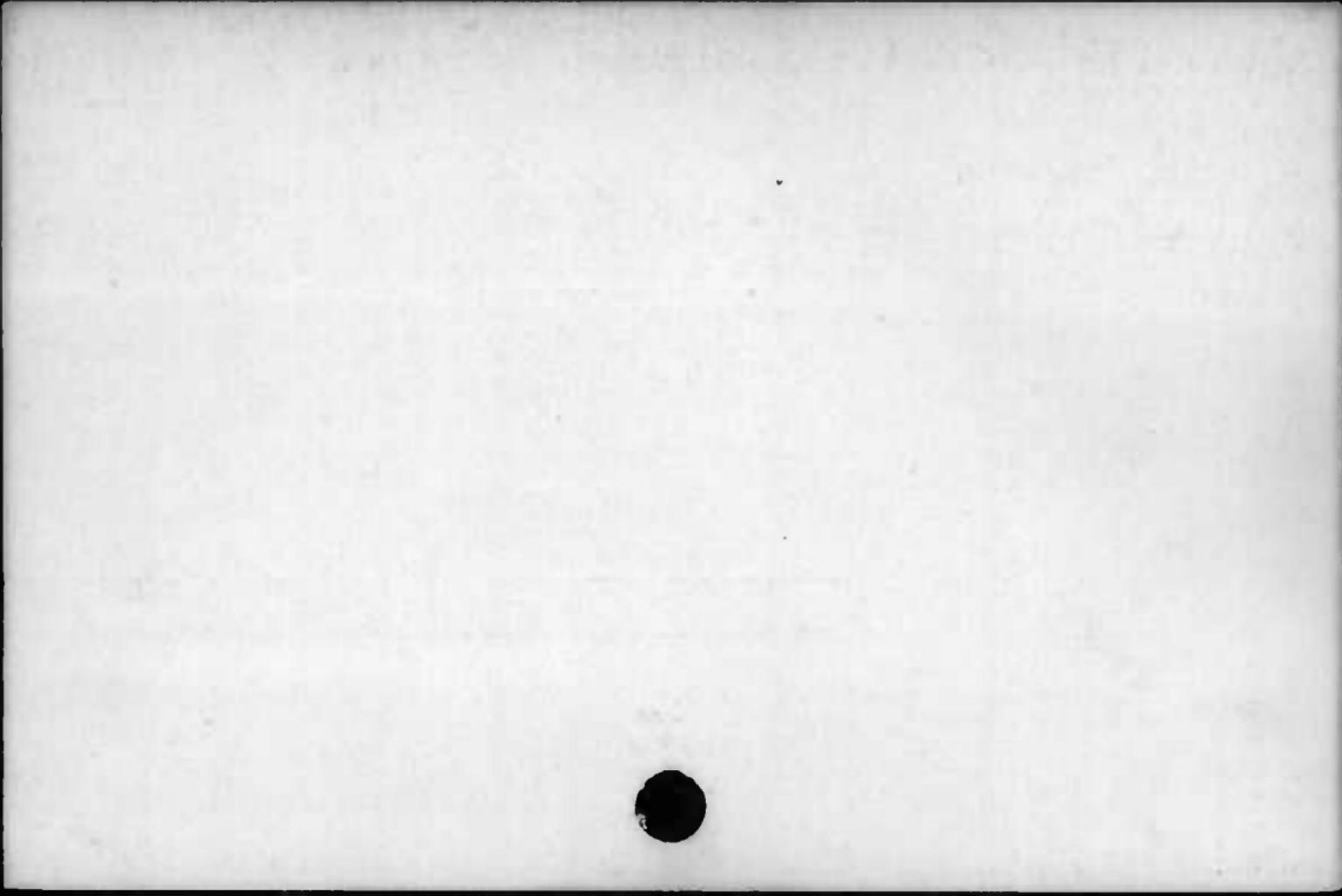
yes

Signature of  
~~W. S. Saylor~~

Address

W. S. Saylor & Son  
Hagerstown  
Md

Accident or Suicide?



Name  
in  
Full

Catherine Shank

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	5	11	72
Sex	Color or Race	Age	Months
Female	White	72	6
Occupation	Where Residing if not at place of death	Birth- place	Days
Houswife	Hagerstown Md	Pa	15
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Mother's Birthplace
Widow	Henry Shank	David Hartman	Ind
Mother's Maiden Name	Miss Zimmerman	Father's Birthplace	Mother's Birthplace
Name of person giving information	Annie C. Shank	Pa	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Nephritis	(19)	How long
Immediate	Heart failure	(19)	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
		Abraham Shank	
		Clearspring	
		Washington Co.	
Accident or Suicide?			



Name  
in  
Full

Elizabeth W. Timmons

CERTIFICATE OF DEATH

Tower  
MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County			
Died at	Knoxville					
Date of death	Month	Day	Years	Age	Months	Days
1906	5	17	48			
Sex	Color or Race		Where Residing if not at place of death		Birth-place	
Occupation	white		Hagerstown, Md.		Md.	
Married, Single or Widowed	Name of Wife or Husband					
single						
Father's Name	J. D. Timmons				Father's Birthplace	
Mother's Maiden Name	Eliz. Goochey				Mother's Birthplace	
Name of person giving information	Cyrus Timmons				How related to deceased	
CAUSES OF DEATH						
Primary				How long		
Immediate	Diphthery			5 minutes		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
yes				Address		
PHYSICIAN OR CORONER	M. S. M. & Son Hagerstown Md.					

Accident or Suicide?

no



Name  
in  
Full

John Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Bellmore	Town	Washington	County	MARYLAND						
Date of death	1906	Month	May	Day	22	Age	50	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Pa.						
Occupation	Labour	Where Residing if not at place of death									
Married, Single or Widowed	Married	Name of Wife or Husband									
Father's Name										Father's Birthplace	
Mother's Maiden Name										Mother's Birthplace	
Name of person giving information										How related to deceased	

CAUSES OF DEATH

Primary

Disorder of Heart (initial insufficiency)

How long

2 yrs.

Immediate

Pulmonary Oedema

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

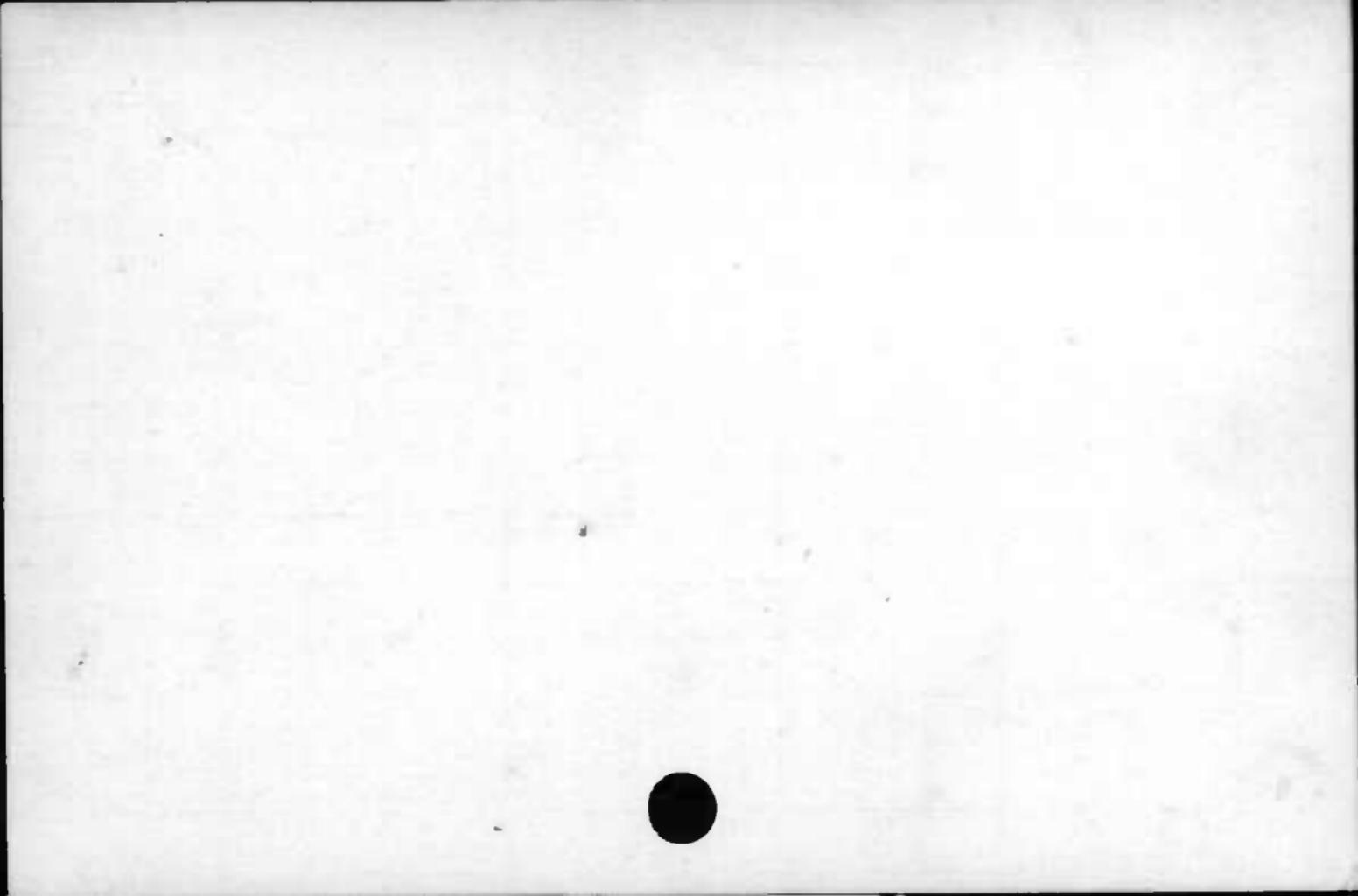
M.B. Morrison

Address

Hagerstown Md

Accident or Suicide?

No.



Name  
in  
Full

Hattie A. Stanton

CERTIFICATE OF DEATH

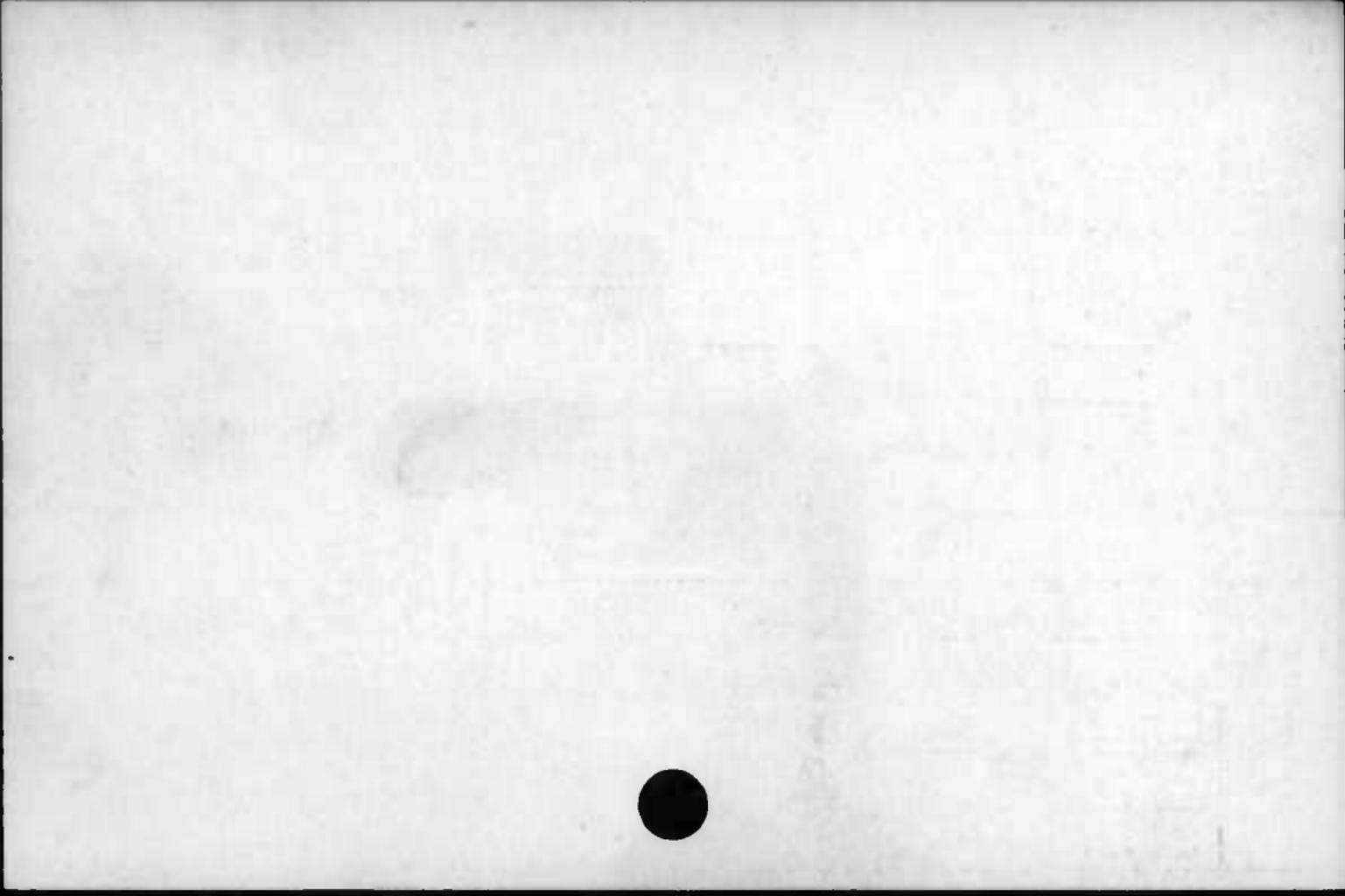
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Hagerstown		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	59	-	
Occupation	Housewife		Where Residing if not at place of death	—		
Married, Single or Widowed	Widow	Name of Wife or Husband	Geo. W. Stanton			
Father's Name	Mrs. L. Alexander		Father's Birthplace	Va.		
Mother's Maiden Name	Eliza Maudel		Mother's Birthplace	Va.		
Name of person giving information	Percy A. Patterson		How related to deceased	Grandson		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Olivic Endocarditis		How long	do not know
Immediate	Pulmonary Embema		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. M. Wagaman.	
		Address	Hagerstown, Md.	
Accident or Suicide?	no			



Name  
in  
Full

Mary Catherine Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	State
Keadysville	Washington	MARYLAND	
Date of death	Month	Day	Years
1906	5	6	64
Age	Months	Days	
	2	24	
Sex	Color or Race	Birth-place	
Female	White	Keadysville	
Occupation	Where Residing if not at place of death		
House Wife	Jephtha H Taylor		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single	Jephtha H Taylor	Keadysville	
Father's Name	Mother's Birthplace		
Ezra Bakem Jr.	Keadysville		
Mother's Maiden Name	Mother's Name		
Rettava Linn	Keadysville		
Name of person giving information	How related to deceased		
Bakem Taylor	Sohn		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Urania

(64)

How long

4 years

Immediate Cerebral Hemorrhage

How long

5 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

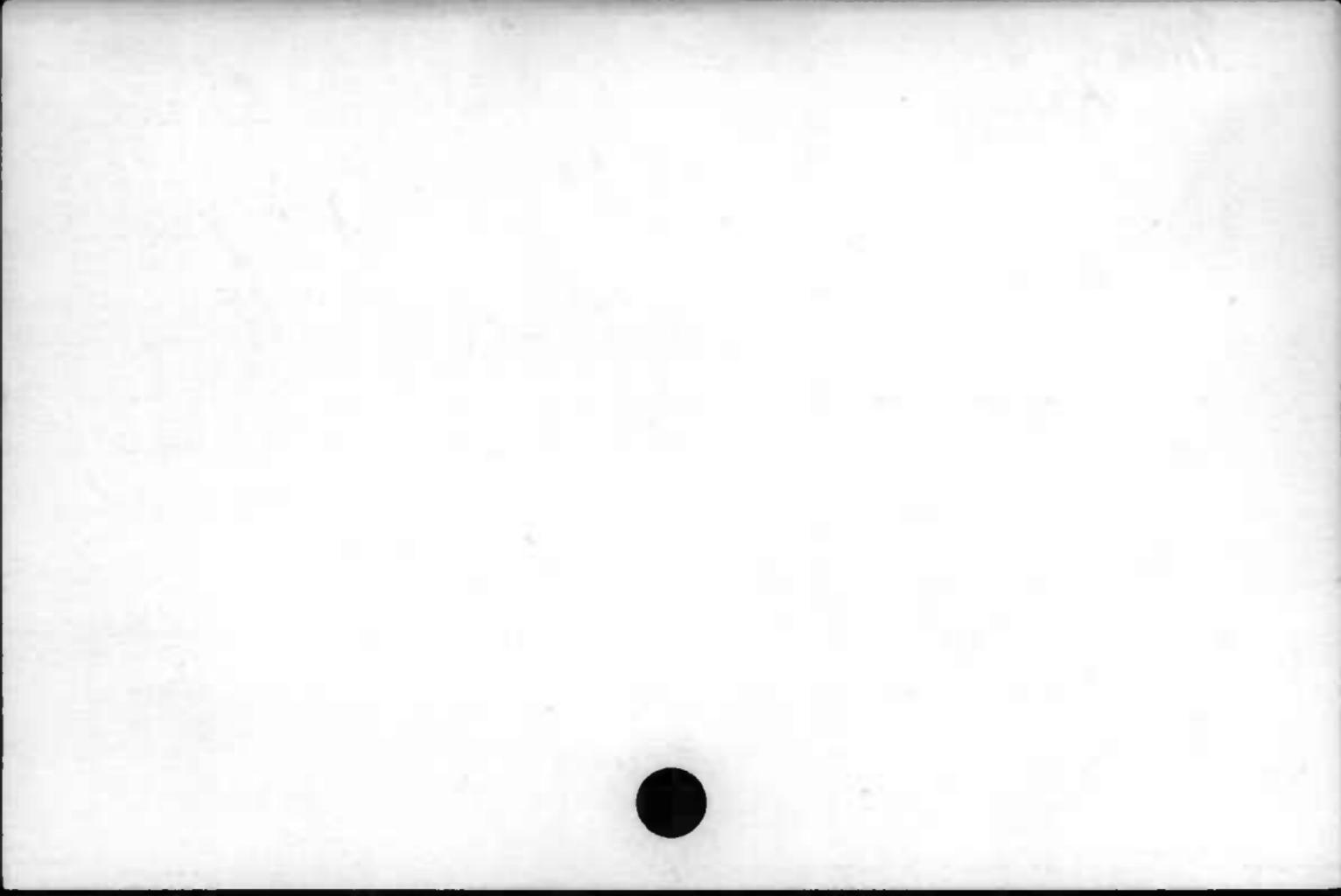
Signature of Physician

H. M. Thiessen

Address

Keadysville Md

Accident or Suicide?



Name  
in  
Full

Charlotte Taylor No 298

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

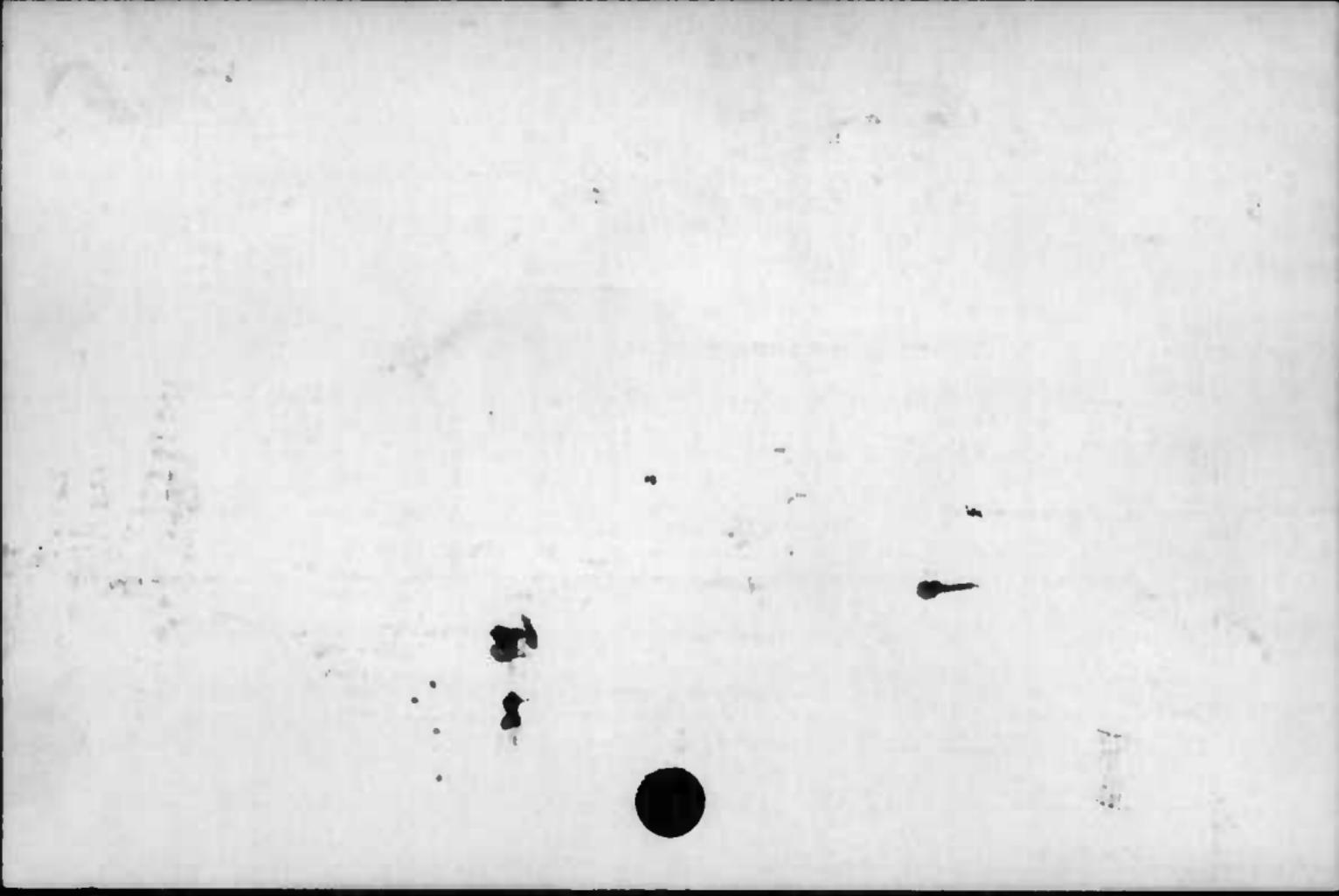
Died at	Cedar Grove		County	Maryland		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age			
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Vidow	Name of Wife or Husband	Mrs. Taylor		Father's Birthplace	Md
Father's Name	Washington Dorous				Mother's Birthplace	Md
Mother's Maiden Name	Eliza Good				How related to deceased	Son
Name of person giving information	Allen Taylor					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility	(154)	How long Six months
Immediate	Heart failure		How long one hour-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address

Accident or Suicide?



Name  
in  
Full

Sarah Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Tilghman	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Jackie Taylor			
Father's Name	Nathan Oliver		Father's Birthplace	Unknown		
Mother's Maiden Name	Elizabeth Long		Mother's Birthplace			
Name of person giving information	Mrs H. Taylor		How related to deceased	son		

CAUSES OF DEATH

Primary

Senile Debility

(54)

How long

10 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

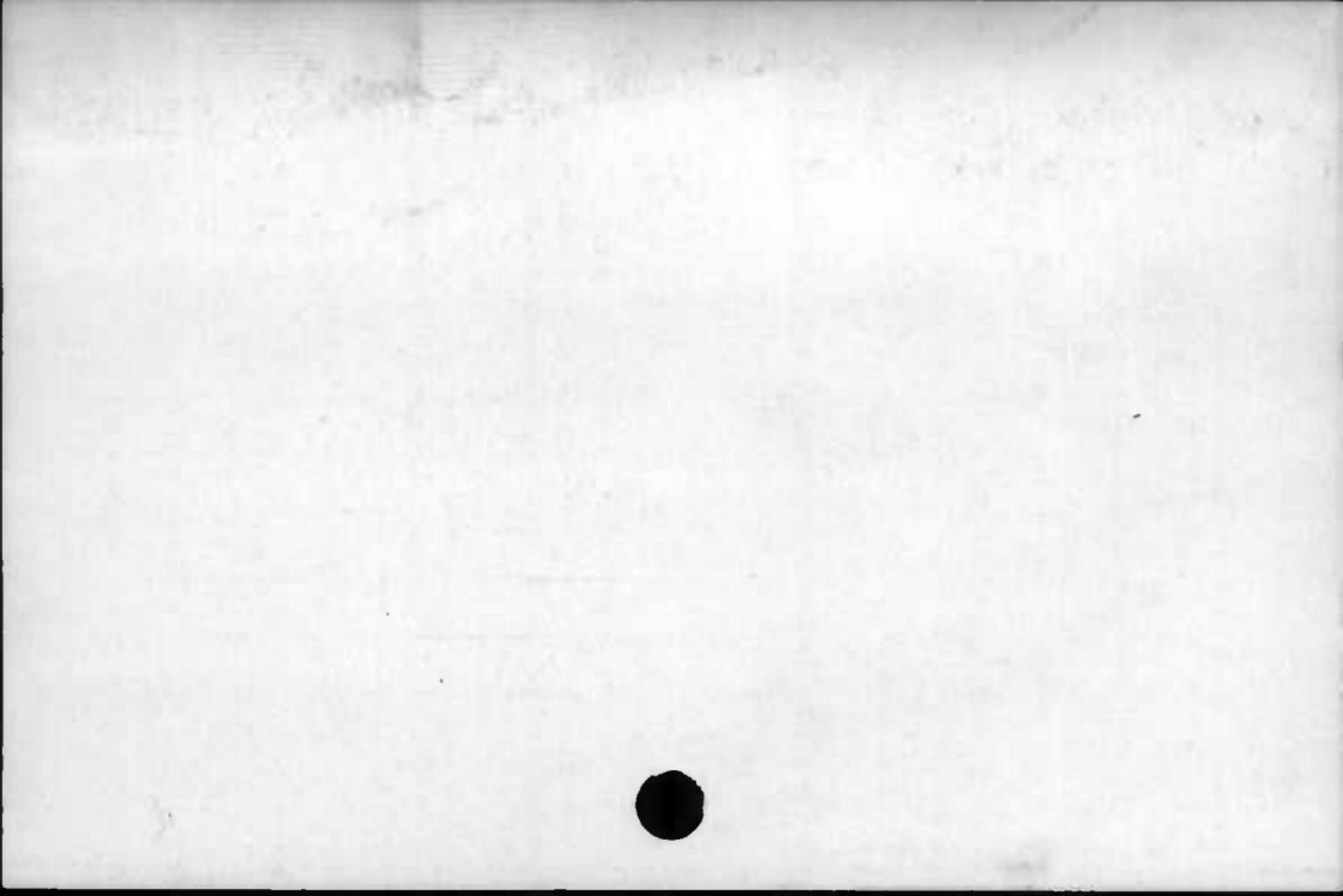
Signature of Physician

Address

J. M. Reichard  
Fairplay.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

James E Thompson								CERTIFICATE OF DEATH		
Died at		Town			County		MARYLAND			
Date of death	1908	Month	5	Day	7	Years	23	Months	-	Days
Sex	Male	Color or Race	Colored		Birth-place	Na				
Occupation	Where Residing if not at place of death									
Married, Single or Widowed	Married		Name of Wife or Husband	Lerdia Thompson						
Father's Name	James G Thompson				Father's Birthplace	Na				
Mother's Maiden Name	Adele Jones				Mother's Birthplace	Na				
Name of person giving information	Lerdia Thompson									
How related to deceased										

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Squeezing to knee. Liver distended.

How long

10 days.

Immediate

Tetanus

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

yes

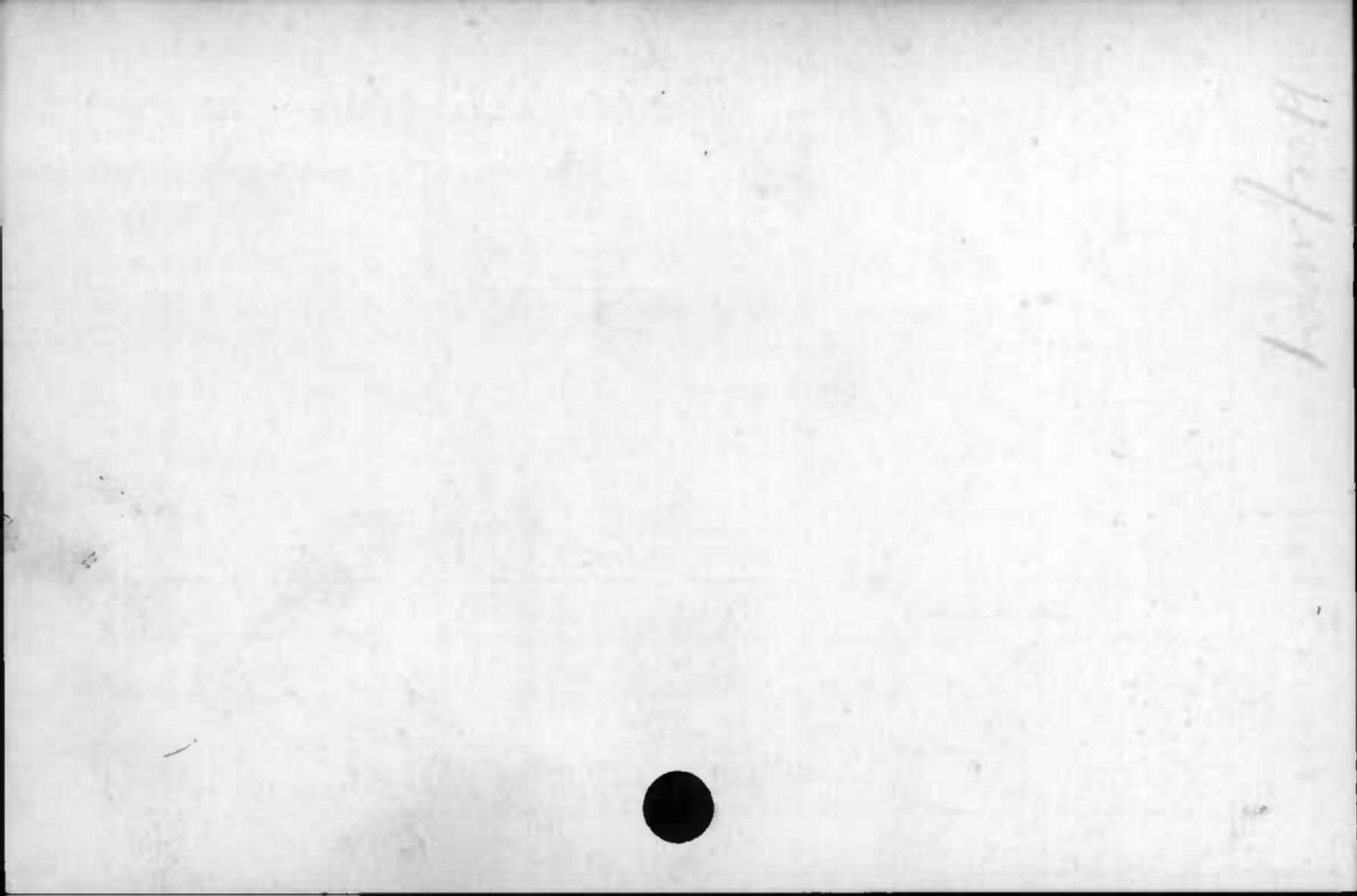
Signature of Physician

Victor & Miller

Address

Accident or Suicide?

accident



Name  
in  
Full

W<sup>m</sup> H Irvinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 5	Day 26	Years 54	Months 11	Days 14	
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	Organ Builder		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Amanda L. Hartman				
Father's Name	John Irvinger		Md				
Mother's Maiden Name	Ellen Leonard		Md				
Name of person giving information	Amanda L. Irvinger		Wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

How long

How long

Immediate

Exhaustion

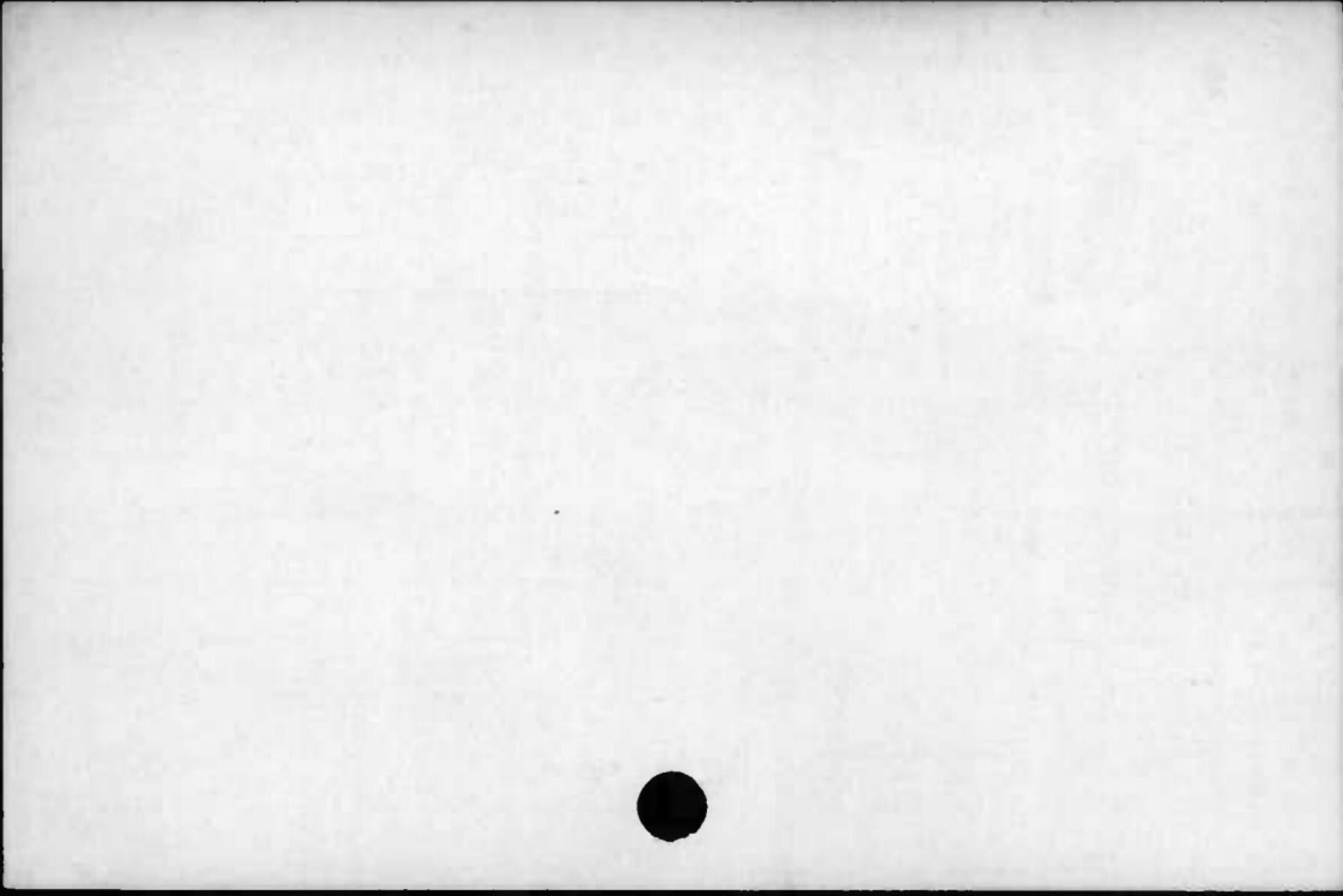
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

a.s. Stenger

Accident or Suicide?



Name  
in  
Full

Still Born child of Harry Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1906	5	30	Age			
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<i>H. L. Wallace</i>					Father's Birthplace
Mother's Maiden Name	<i>Edith M. Fleet</i>					Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Still Born How long

Immediate Still Born How long

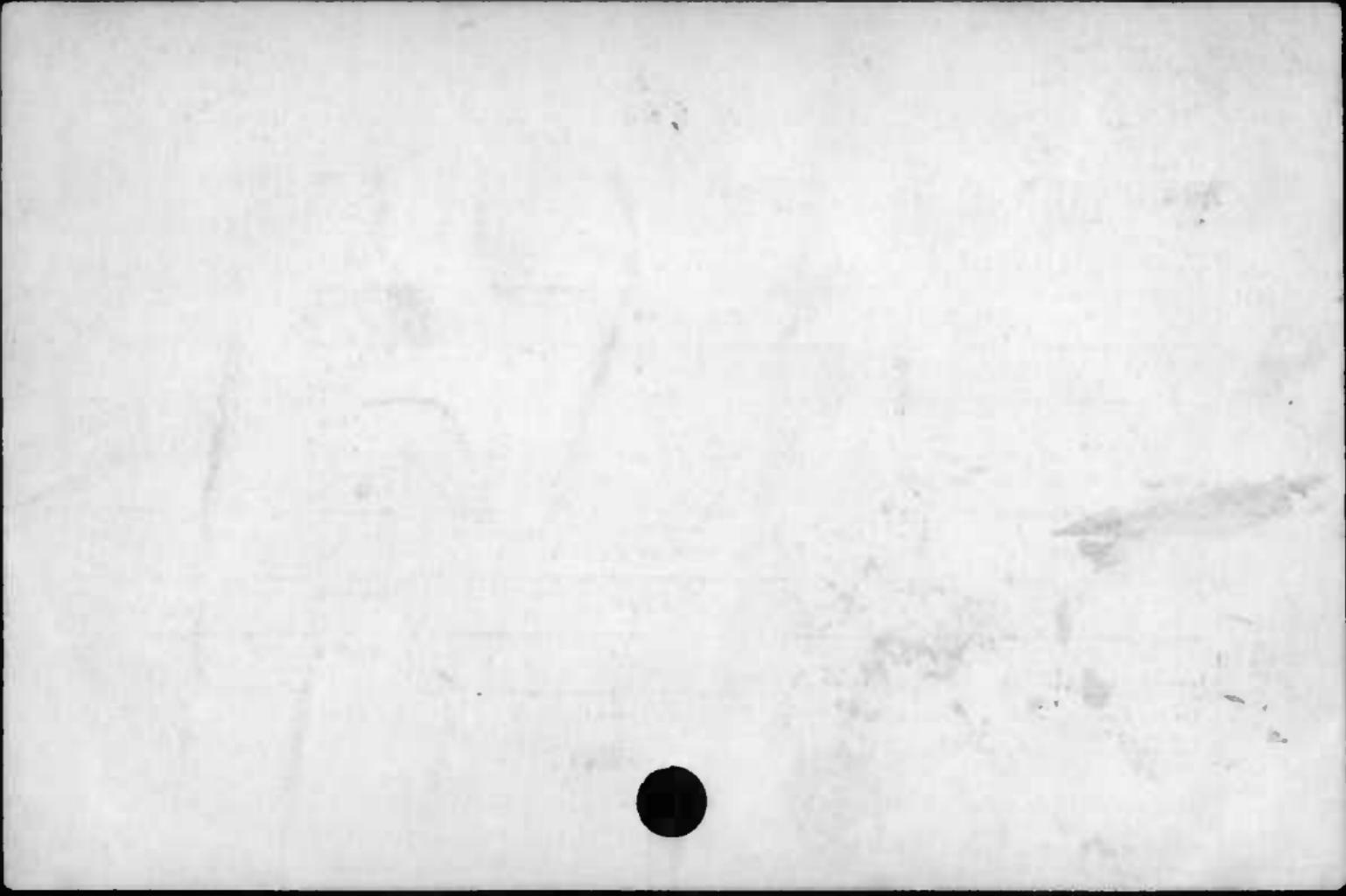
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

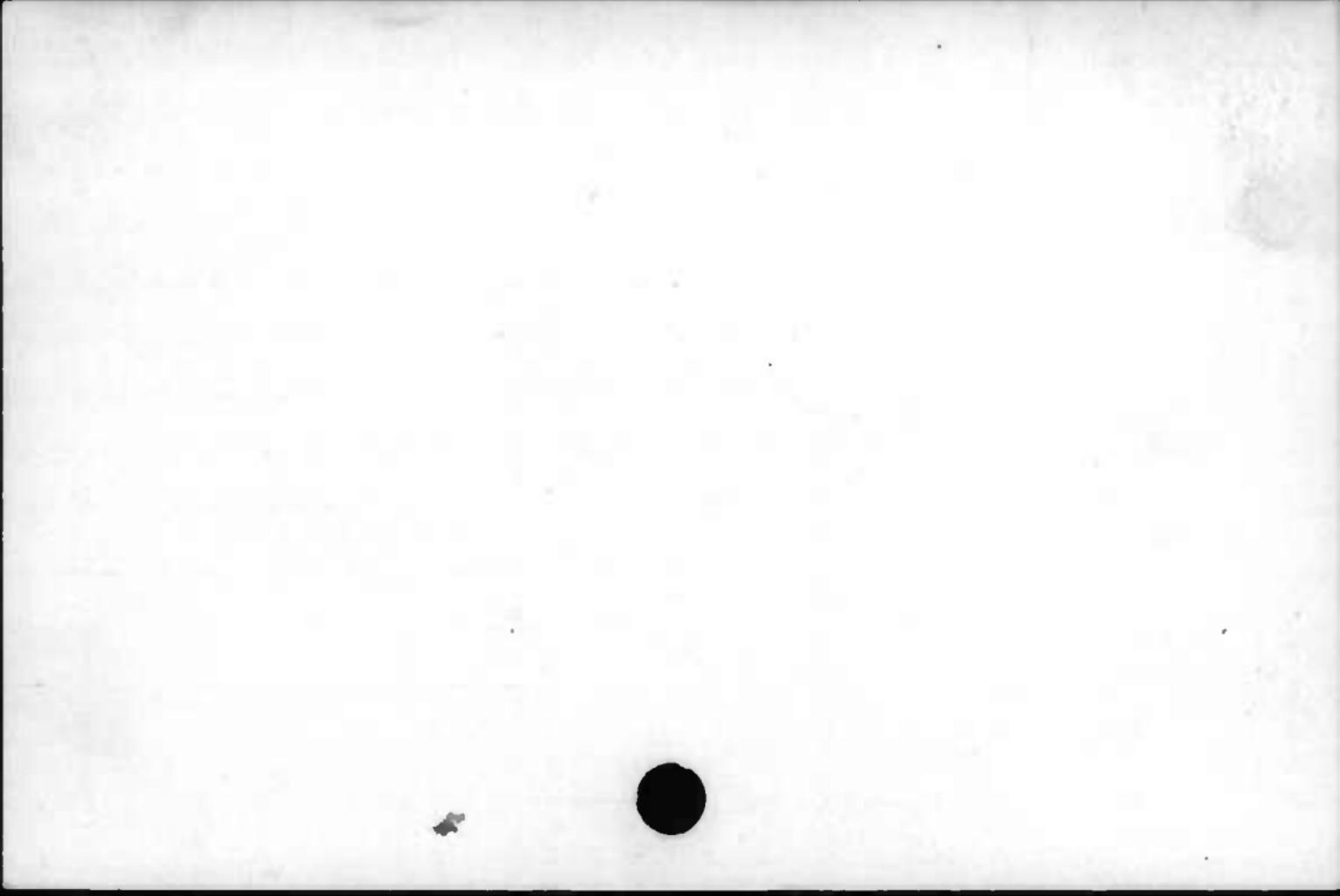
Address

*J. E. Pitsnagle*

Accident or Suicide?







Name  
in  
Full

William N. Weller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Town Wash County  
Date of death 1906 Month 5 Day 4 Age 70 Years — Months — Days —  
Sex male Color or Race white Birth-place Va  
Occupation Blacksmith Where Residing if not at place of death  
Married, Single or Widowed widower Name of wife Mrs Mary Cunningham Weller  
Father's Name John C. Weller Father's Birthplace Va.  
Mother's Maiden Name Sarah Martin Mother's Birthplace Md.  
Name of person giving information Wm Weller How related to deceased soul

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

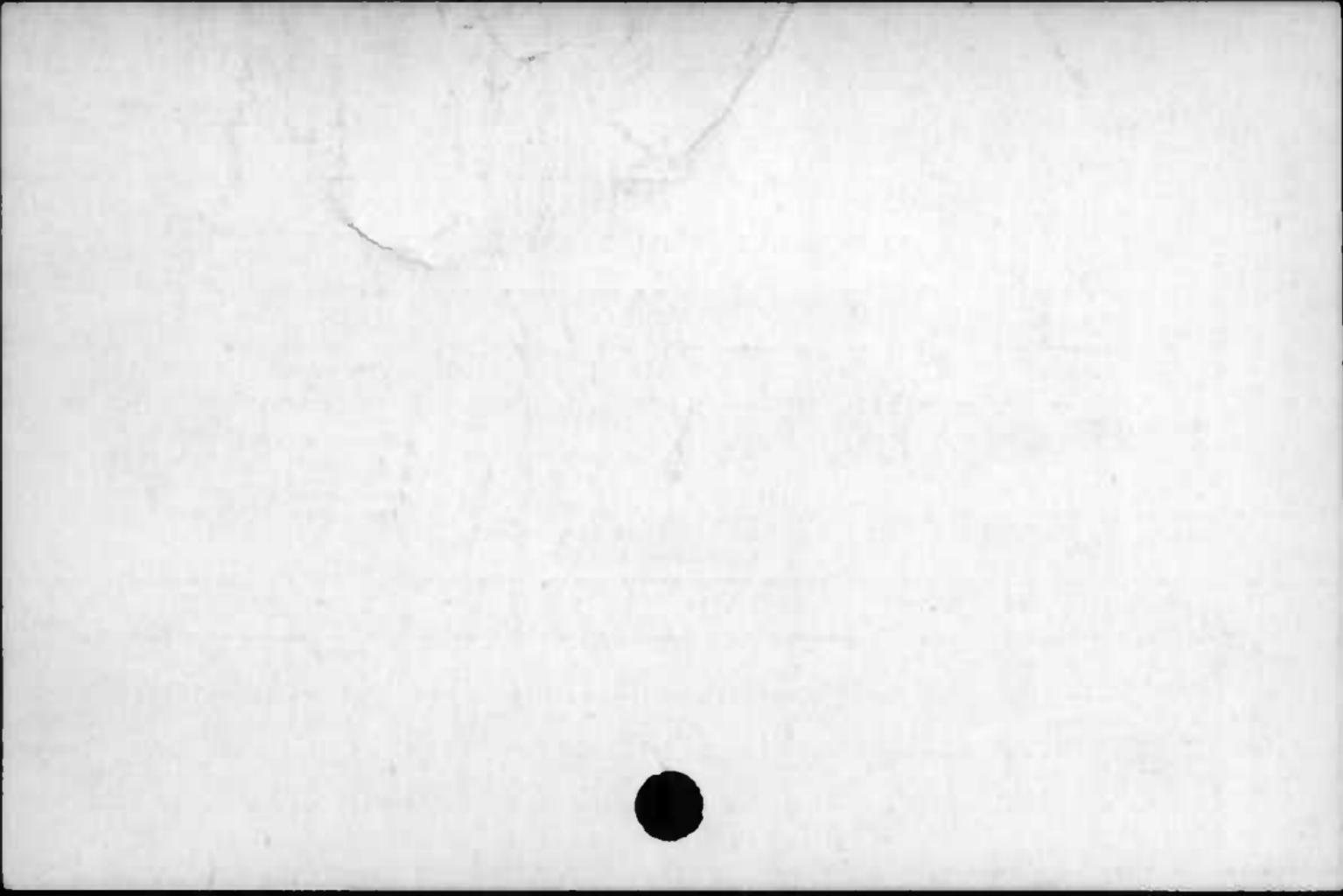
Primary Acute Cardiac insuff. How long  
Immediate Exh. cardiac How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

					CERTIFICATE OF DEATH	
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	68	6	15
Occupation	Where Residing if not at place of death			Leitersburg		
Married, Single or Widowed	Widow	Name of Wife or Husband	James O Wise			
Father's Name	George. Wise.			Father's Birthplace	Mo	
Mother's Maiden Name	Shallmen Tigley			Mother's Birthplace	Mo	
Name of person giving information	Margret. Wise			How related to deceased	Sister	
CAUSES OF DEATH						
Primary	arteriosclerosis			How long		
	nephritis chronic interstitial			2 years+		
Immediate	Cardiac Failure			How long	36 hours	
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	T. Robt. W. Wilson	
				Address	Leitersburg Md.	
Accident or Suicide?					LIBRARY BUREAU AGS816	

The following list was taken  
Wednesday June 1<sup>st</sup>